

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000063023

1. Entity Name  
AMANZI CONDOS, LLC



Principal Place of Business  
2830 N.E. 52ND STREET  
FORT LAUDERDALE, FL 33308

Mailing Address  
2830 N.E. 52ND STREET  
FORT LAUDERDALE, FL 33308



03042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3089291

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHRODER, DAVID V  
2830 N.E. 52ND STREET  
FORT LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000851250  
03/25/08-80032-005 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILLATO, EUGENIO 517 S.RIVERSIDE DRIVE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHRODER, DAVID V 2830 N.E. 52ND STREET FORT LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID V. SCHRODER

3/4/08

454 788 1791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #