## 2008 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

## **DOCUMENT # L05000064694**

1. Fotity Name VERÁNDA TOWNHOMES, LLC



Principal Place of Business Mailing Address 60025636 ONE FINANCIAL PLAZA STE 102 ONE FINANCIAL PLAZA STE 102 FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-3202092 Not Applicable Zip Country Żip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOUGLAS, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA STE 102 BOCA RATON, FL 33432 City Zip Code F 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Change ☐ Addition TITLE ☐ Delete SIMIGRAN, KENNETH H NAME STREET ADDRESS ONE FINANCIAL PLAZA STE 101 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33394 CITY-ST-ZIP MGR Delete TITLE ☐ Change ☐ Addition DOUGLAS, STEPHEN M NAME NAME STREET ADDRESS ONE FINANCIAL PLAZA STE 101 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33394 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

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

4-17-68

FILED

Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90307 039 \*\*\*138 75