2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 22, 2006 8:00 am Secretary of State DOCUMENT # L05000068934 4-4 02-27-2006 90433 045 \*\*\*\*50.00 203 PROPERTY HOLDINGS, LLC Principal Place of Business Mailing Address 806 SOUTH DIXIE HIGHWAY HALLANDALE FL 33009 806 SOUTH DIXIE HIGHWAY HALLANDALE FL 33009 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For City & State **0**33 Not Applicable Zin 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 SMOLER, BRUCE J 2611 HOLLYWOOD BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **HOLLYWOOD FL 33020** .... City Zip Code 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 SIGNATURE Segnation, typics or printed regime of respectively agent and total distributions. (NOTE, Registere) Agent signature required which reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MARMIN MEMBER Addition DILE ☐ Delete DIE ☐ Change MICHAEL L. LAPIN NAME NAME 806. Se DIZIE Hwy. STRYET ADDRESS STREET ADDRESS HAMAPPALL, FL. 33009 CITY-ST-ZIP CITY-SI-ZIP Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Change Addition Delete ture nne MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7P Change | ☐ Addition Delete TITLE NAME MASK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete ITTEE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

E OF RIGHTIG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

2/14/06

305-9354524



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

203 PROPERTY HOLDINGS, LLC 806 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009 US

Subject: 203 PROPERTY HOLDINGS, LLC

Reference Number:

L05000068931

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION