


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90029 044 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000083653</b>                    |  |
| 1. Entity Name<br><b>GOLFVIEW MANAGEMENT, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2875 NE 191 STREET<br/>SUITE 300<br/>AVENTURA, FL 33180 US</b> | Mailing Address<br><b>2875 NE 191 STREET<br/>SUITE 300<br/>AVENTURA, FL 33180 US</b> |
|--|--|

**20044657**



|   |   |
|---|---|
| 2. Principal Place of Business<br><b>2875 N.E. 191st St.<br/>Suite 300<br/>Aventura, FL<br/>33180 USA</b> | 3. Mailing Address<br><b>2875 N.E. 191st St.<br/>Suite 300<br/>Aventura, FL<br/>33180 USA</b> |
|---|---|

01102006 Chg-LLC CR2E083 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-3398222</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>LEOPOLD, RORN &amp; LEOPOLD, P.A.<br/>20801 BISCAYNE BLVD.<br/>SUITE 501<br/>AVENTURA, FL 33180</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>DJMAL, RICARDO<br/>2875 NE 191 STREET, STE 300<br/>AVENTURA, FL 33180</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>WEINSTEIN, RICARDO<br/>2875 NE 191 STREET, STE 300<br/>AVENTURA, FL 33180</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**

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

Date

Daytime Phone #

**Ricardo DJMAL (MGRM)** 4/27/06 305-935-6955