

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90031 035 ****55.00

DOCUMENT # L05000092041

1. Entity Name
THE BUSCH TERRACE L.L.C.



Principal Place of Business

**3768 COQUINA WAY
WESTON, FL 33322**

Mailing Address

**3768 COQUINA WAY
WESTON, FL 33322**

60001000

2. Principal Place of Business - No P.O. Box #

3768 W COQUINA WAY

3. Mailing Address

3768 W COQUINA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3444437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SORIN ARDELEAN
3768 COQUINA WAY
WESTON, FL 33322**

7. Name and Address of New Registered Agent

Name **SORIN ARDELEAN**

Street Address (P.O. Box Number is Not Acceptable)

3768 W COQUINA WAY

City **WESTON**

FL

Zip Code
33332

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

1/10/07

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ARDELEAN, SORIN**
STREET ADDRESS **3768 COQUINA WAY**
CITY - ST - ZIP **WESTON, FL 33322**

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **ARDELEAN SORIN**
STREET ADDRESS **3768 W COQUINA WAY**
CITY - ST - ZIP **WESTON FL 33332**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/10/07