

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90360 030 ****55.00

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1. Entity Name
CITY PALMS 730 LLC



Principal Place of Business
**2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



04302007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
74-3152429

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134**

**PRATS FERNANDEZ & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
2121 Ponce de Leon Blvd., Suite 240
Coral Gables, FL 33134**

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 *Prats Fernandez & Co PA.*

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

(NOTE: Registered Agent signature required when reinstating)

4/30/07
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
VARGAS, RAUL
2121 PONCE DE LEON BLVD. 240
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
HEREDIA, CECILIA
2121 PONCE DE LEON BLVD. 240
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

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

4/30/07
Date

Daytime Phone #