

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90313 034 ****50.00

DOCUMENT # L05000100434

1. Entity Name
PLAZA AT MILLENIA DEVELOPERS, LLC



Principal Place of Business
**201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

00034444

00034444



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

62340 Sunset Drive
Suite, Apt. #, etc.

3. Mailing Address

62340 Sunset Drive
Suite, Apt. #, etc.

02052007 Chg-LLC CR2E083 (12/06)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

20-3615422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **FIELDSTONE, RONALD R**
STREET ADDRESS **201 ALHAMBRA CIRCLE, SUITE 601**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Thomas Cabrera**
STREET ADDRESS **62340 Sunset Drive, Ste 601**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Russ A. Lester**
STREET ADDRESS **201 Alhambra Circle, Ste 601**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Michael B. Denberg**
STREET ADDRESS **201 Alhambra Circle, Ste 601**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Joseph G. Luback**
STREET ADDRESS **825 Parkway Street, #41**
CITY-ST-ZIP **Jupiter, FL 33477**

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

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

[Signature] **Ronald R. Fieldstone** 04/17/07 305-357-1001