

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000101418

1. Entity Name

COMMODORE CLUB CONDOMINIUM, LLC



Principal Place of Business

4000 SW 30 AVENUE
FT. LAUDERDALE, FL 33312

Mailing Address

4000 SW 30 AVENUE
FT. LAUDERDALE, FL 33312



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3634395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDRANO, CHARLES
4000 SW 30 AVENUE
FT. LAUDERDALE, FL 33312

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IN THIS SPACE**

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

After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MEDRANO, CHARLES
STREET ADDRESS 4000 SW 30 AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE MGRM
NAME MEDRANO, CARLOS
STREET ADDRESS 4000 SW 30 AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE MGMR
NAME AYLOR, FORREST
STREET ADDRESS 4000 SW 30 AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE MGRM
NAME AYLOR, GEORGE
STREET ADDRESS 4000 SW 30 AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE MGRM
NAME BAST, RANDALL
STREET ADDRESS 4000 SW 30 AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000808418
02/07/08-80048-004 138.75

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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:

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

Date

Daytime Phone #

1/28/08

954-644-9394