

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-26-2007 90040 047 ****50.00

DOCUMENT # L06000013270 1. Entity Name 1937 SANTA BARBARA PLACE, LLC					
Principal Place of Business 4340 SHERIDAN STREET, SUITE 102 HOLLYWOOD, FL 33021			Mailing Address 4340 SHERIDAN STREET, SUITE 102 HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03012007 Chg-LLC CR2E083 (12/06)					
4. FEI Number 20-4274602				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, RONALD 4340 SHERIDAN STREET, SUITE 102 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name <u>Eduardo San Roman</u> Street Address (P.O. Box Number is Not Acceptable) <u>13155 SW 42 St # 200</u> City <u>Miami</u> FL Zip Code <u>33175</u>		
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 <u>[Signature]</u> DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FSR HOMES, INC. 4340 SHERIDAN STREET, SUITE 102 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FSR Homes Inc 13155 SW 42 St # 200 Miami FL 33175	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 <u>[Signature]</u> Date <u>4-24-07</u> Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					