

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000021319

1. Entity Name
LA FONTANA HOLDINGS, LLC



Principal Place of Business Mailing Address
550 SW 12TH AVE., BLDG #4 550 SW 12TH AVE., BLDG #4
DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5661 NE 18 AVE 5737 NE 15 AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Lauderdale FL Ft. Lauderdale FL
Zip Country Zip Country
33334 USA 33334 USA

12052007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
APPLIED FOR

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

6. Name and Address of Current Registered Agent

DELUCA, GARY
550 SW 12TH AVE., BLDG #4
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name Angelo Petreccia
Street Address (P.O. Box Number is Not Acceptable)
5737 NE 15 AVE
City Ft. Lauderdale FL Zip Code 33334

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

12/10/07

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ME 18TH AVENUE DEVELOPMENT, LLC ☒ Delete
STREET ADDRESS 550 SW 12TH AVE., BLDG #4
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME La Fontana Apartments, Inc ☒ Change ☒ Addition
STREET ADDRESS 5737 NE 15 AVE
CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 3001 13551353
CITY-ST-ZIP 01/02/08--01/05--006 **\$50.00

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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.

La Fontana Apartments, Inc

SIGNATURE: BY

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

Date

Daytime Phone #

12/10/07

954-270-0964

FILED

2007 DEC 28 A 11:28

