



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90238 017 ***138.75

DOCUMENT # L06000029868 1. Entity Name 14TH STREET CAUSEWAY DEVELOPERS LLC					
Principal Place of Business 3350 EAST ATLANTIC BOULEVARD 200 POMPAÑO BEACH, FL 33062			Mailing Address 3350 EAST ATLANTIC BOULEVARD 200 POMPAÑO BEACH, FL 33062		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. #200		3. Mailing Address Suite, Apt. #, etc. #200		60020734 	
City & State 		City & State 		4. FEI Number 20-4662663	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, IVAN J 3350 EAST ATLANTIC BOULEVARD #200 POMPAÑO BEACH, FL 33062				7. Name and Address of New Registered Agent Name BATES, STEPHANIE S Street Address (P.O. Box Number is Not Acceptable) 3350 EAST ATLANTIC BOULEVARD #200 City POMPAÑO BEACH FL Zip Code 33062	
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 STEPHANIE S. BATES <i>Stephanie S. Bates</i> April 2, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GURFEL, YURI A 1748 BAY DRIVE POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATES, STEPHANIE S 3350 E ATLANTIC BLVD, #200 POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, IVAN J 3350 EAST ATLANTIC BOULEVARD, #200 POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATES, RANDOLPH H 3350 E ATLANTIC BLVD, #200 POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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. <i>Stephanie S. Bates</i> SIGNATURE: STEPHANIE S. BATES, MGRM April 2, 2008 (954) 946-0800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					