

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90539 001 ***250.00

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1. Entity Name
1863 S.W. 17TH STREET V, L.L.C.



Principal Place of Business
3801 PGA BOULEVARD, SUITE 902
PALM BEACH GARDENS, FL

Mailing Address
3801 PGA BOULEVARD, SUITE 902
PALM BEACH GARDENS, FL

30005011



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

SILVERMAN, THOMAS N ESQ.
3801 PGA BOULEVARD, SUITE 902
PALM BEACH GARDENS, FL

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

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS FLORIDA EXCHANGE CORPORATION IV
CITY-ST-ZIP 1900 N.W. CORPORATE BLVD., SUITE 201E
BOCA RATON, FL 33431 ☒ Delete

TITLE NAME MGRM
STREET ADDRESS Heather Slater
CITY-ST-ZIP 4120 Cornwallis Camp Dr.
Charlotte, NC 28226 ☐ 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 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Heather Slater

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

1-18-07

Date

Daytime Phone #