## "2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # L06000035240  1. Entity Name DEERFIELD LOT LLC							7 90341 010 *	***50.00
Principal Place of Business Mailing Address						400977	91	
1645 SE 3RD COURT, STE. 200 DEERFIELD BEACH, FL 33441		1645 SE 3RD COURT, STE. 200 DEERFIELD BEACH, FL 33441			циили			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032007	Chg-LLC	CR2E083 (12/	06)	
City & State		City & State		4. FEI Numbe	760287		Applied For Not Applicable	
Zip Country		Zip Country			of Status Desired		Additional	
	6 Name and Address of Current R	registered Agent	—		7. Name and	Address of New Re	Fee Rec	uired
Name and Address of Current Registered Agent				Name	Hallio unu	, VI 11011 111	-9-2-10-00 Ağun	
GRANET, LLOYD P.A. 2295 NW CORPORATE BLVD., STE. 235 BOCA RATON, FL 33431-7330				Street Address (P.O. Box Number is Not Acceptable)				
500/11011	011,1 2 00401 7000		1					
				City			FL Zip	Code
	named entity submits this statement for ons of registered agent.	the purpose of changing its re	egistere	d office or register	ed agent, or bot	h, in the State of Flo	orida. I am familiar v	vith, and accept
SIGNATURE _		ALOTE E	Ba antianad	A court airmatura ram irad	Luchan rainmations		DATE	
	Signature, typed or printed name of registered agent at	to the II applicable. (NOTE: N	nogatered	Agent signature required	witer remodeling/		DATE	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State				
9.	MANAGING MEMBER	S/MANAGERS	10.		1	ADDITIONS/	CHANGES	
TITLE NAME	MGR MJB Management LLC	☐ Delete	TITLE				☐ Cha	nge 🗌 Addition
STREET ADDRESS CTY-ST-ZIP	1645 SE 3rd Court, Deerfield Beach, FI	Ste. 200	NAME	T ADDRESS				
TITLE	Deerineia, Deach, Ti	33441		ST-ZIP				
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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 MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE