

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-19-2007 90200 046 ***150.00

DOCUMENT # L06000036705					
1. Entity Name NEW GAINESVILLE 14, LLC					
Principal Place of Business 306 ALCAZAR AVENUE SUITE 303 CORAL GABLES, FL 33134			Mailing Address 306 ALCAZAR AVENUE SUITE 303 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <u>20-4668544</u>				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PREVITI, PETER 5825 SUNSET DRIVE SUITE 210 MIAMI, FL 33143			Name <u>MAURICIO J. SIMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>306 ALCAZAR AVE, SUITE 303</u> City <u>CORAL GABLES</u> FL Zip Code <u>33134</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> Signature, typed or printed name of registered agent and fee, if applicable.			DATE <u>1/15/07</u> (NOTE: Registered Agent signature required when reappointing)		
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	MGRM MADICK DEVELOPERS, INC 306 ALCAZAR AVENUE, STE 303 CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORERO, HENRY 306 ALCAZAR AVENUE, STE 303 CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, NICOLE 306 ALCAZAR AVENUE, STE 303 CORAL GABLES, FL 33134	☐ 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
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
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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE <u>1/15/07</u> Daytime Phone #		