

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-02-2007 90337 035 \*\*\*\*50.00

DOCUMENT # L06000054457

1. Entity Name

GRAND FLORIDA COMMERCIAL PROPERTIES, LLC



Principal Place of Business

1861 NE 146 STREET  
NORTH MIAMI FL 33181

Mailing Address

701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131



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

— 0 —

3. Mailing Address

1861 NE 146 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

NORTH MIAMI

City & State

North Miami

4. FEI Number

20-8875259

Applied For

Not Applicable

Zip

Country

Zip

Country

33181

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE. SUITE 3000  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

VICTOR RATNER

Street Address (P.O. Box Number is Not Acceptable)

1861 NE 146 st.

City

N. Miami

FL

Zip Code

33181

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 then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/07

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME: MGR  
STREET ADDRESS: RATNER, VICTOR  
CITY-ST-ZIP: 1861 NE 146 STREET  
NORTH MIAMI FL 33181

☐ Delete

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Delete

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Delete

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Delete

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Delete

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ Change ☐ Addition

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 Section 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:

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

4/4/07 (305) 606 4076