

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 15, 2007 8:00 am
Secretary of State

01-22-2007 90152 028 ****50.00

DOCUMENT # L06000086812 1. Entity Name A.G. ROYCE PROPERTY MANAGEMENT, LLC					
Principal Place of Business 4208 N 31ST AVENUE, SUITE 3 HOLLYWOOD, FL 33021			Mailing Address POST OFFICE BOX 100527 FORT LAUDERDALE, FL 33310		
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		
6. Name and Address of Current Registered Agent MANDELL, CRAIG J ESQ; C/O MOSKOWITZ, MANDELL, SALIM & SIMOWITZ 800 CORPORATE DRIVE, SUITE 500 FT. LAUDERDALE, FL 33334				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renaming) Signature, typed or printed name of registered agent and title if applicable. 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 STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ALLEN GORDON PO BOX 100527 FORT LAUDERDALE, FL 33310 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 affect 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>Allen Gordon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	

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4. FEI Number **20-5542893** Applied For ☐ Not Applicable ☐

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