

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-16-2007 90355 039 ****50.00

DOCUMENT # L06000097019 1. Entity Name 204 LANDINGS LLC					
Principal Place of Business 18246 COLLINS AVENUE SUNNY ISLES, FL 33160			Mailing Address 18246 COLLINS AVENUE SUNNY ISLES, FL 33160		
2. Principal Place of Business - No P.O. Box # 9577 Harding Ave		3. Mailing Address 9577 Harding Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Surfside, FL		City & State Surfside, FL		4. FEI Number 20-5661298	
Zip 33154		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALPERN, FERNANDO 18246 COLLINS AVENUE SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent Name Alpern, Fernando Street Address (P.O. Box Number is Not Acceptable) 9577 Harding Ave. City Surfside FL Zip Code 33154		
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 renewing)					
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	MGR MASRI, SALOMON 18246 COLLINS AVENUE SUNNY ISLES, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Masri, Salomon 9577 Harding Ave. Surfside, FL 33154	☐ 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: _____ 3/805-0977 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					