


FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90105 008 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000097019			
1. Entity Name 204 LANDINGS LLC			
Principal Place of Business 9577 HARDING AVE SURFSIDE, FL 33154		Mailing Address 9577 HARDING AVE SURFSIDE, FL 33154	
Principal Place of Business - No P.O. Box # 90 HWY - 1428 BURELL AVE. Suite, Apt. #, etc. 206		Mailing Address 90 HWY - 1428 BURELL AVE. Suite, Apt. #, etc. 206	
City & State MIAMI, FL		City & State MIAMI FL	
Zip 33131	Country USA	Zip 33131	Country USA
4. FEI Number 20-5661298		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALPERN, FERNANDO 9577 HARDING AVE SURFSIDE, FL 33154		7. Name and Address of New Registered Agent Name JUAN A. FLORES PA, CPA Street Address (P.O. Box Number is Not Acceptable) 1428 BURELL AVE, STE-206 City MIAMI FL Zip Code 33131	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 9577 HARDING AVE SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 trustee or justice empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TITLE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____	