## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

DOCUMENT # L06000097096

FERNANDA CARRIAGE CLUB LLC

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

01-25-2007 90087 045 \*\*\*\*50.00

Principal Place of Business Mailing Address **5005 COLLINS AVENUE** 3200 COLLINS AVENUE #121 30000625 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7200 CD Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 205 7io Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RERNANDA HENRY, LUCIA F 3200 COLLINS AVENUE #121 MIAMI BEACH, FL 33140 City M 8. The above named entity submiter this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registe SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME HENRY, LUCIA F NAME 3200 COLLINS AVENUE #121 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Detete **TITLE** ☐ Change ☐ Addition HAME

·UMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delzte TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CATY-ST-71P CITY-ST-ZIP supplied with this filing does not qualify to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information courate 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 very contract of the contr I hereby certify that the information sug indicated on this report is true and ac-limited liability company or the received

STREET ADDRESS CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE:

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Change

□ Addition