

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-04-2008 90136 022 ***138.75

DOCUMENT # L06000108590 1. Entity Name TOWN & COUNTRY HOMES OF PAHOKEE, LLC					
Principal Place of Business 3001 W. HALLANDALE BEACH BLVD SUITE 300 PEMBROKE PARK, FL 33009			Mailing Address 3001 W. HALLANDALE BEACH BLVD SUITE 300 PEMBROKE PARK, FL 33009 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 03252008 Chg-LLC CR2E083 (12/06)			Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent JAZAYRI, SAM 3001 W. HALLANDALE BEACH BLVD S PEMBROKE PARK, FL 33009		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
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 JAZAYRI, SAM 3001 W. HALLANDALE BEACH BLVD, SUITE 300 PEMBROKE PARK, FL 33009	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:				3/20/08 954 981 1154	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	