

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110923

Entity Name: 189 LAS BRISAS LLC

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

500 LAKESIDE BLVD.  
551  
BOCA RATON, FL 33434

**New Principal Place of Business:**

5738 REYNOLDS ROAD  
WELLINGTON, FL 33449

**Current Mailing Address:**

500 LAKESIDE BLVD.  
551  
BOCA RATON, FL 33434

**New Mailing Address:**

PO BOX 210217  
ROYAL PALM BEACH, FL 33421

FEI Number: 27-4458175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEITH D. KERN, P.A.  
50 SE 4TH AVE  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ISRAEL, JOSEPH  
Address: 5738 REYNOLDS ROAD  
City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH ISRAEL

MGR

02/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date