FILE NOW: Fee after May 1, will be \$588.75

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	ED LIABĮLITY COMPANY ANNUAL REPORT 1997	Sandra B. Secretary	MENT OF STATE Mortham of State 07 FEB DRPORATIONS	10 PM 1:46				
FILING	FEE Annual Report \$100	.00 + \$103.75	Corporation Supple	emental Fee SECH	TARRY OF S	TATE ORIDA		
	and Mailing Address	IMENIT	# 050000	ENT OF STANKE				
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9500000199								
GARDENIA PLACE, L.C. C/O JOEL R. LAVENDER, ESQ 507 S.E. 11TH COURT FT. LAUDERDALE FL 33316 If above malling address is incorrect in any way, line through incorrect information and enter correction.					 C/O JOEI 507 S.E.		ENDER, ESQ OURT FL 33316	
			ng Address	correction in Block 2a.	3. Date Organi	zed or Qualified	3a. State of Formation	
Suite, Apt. #, etc. Suit			4 00		03/14/19	95	FL	
Suite, Apr. #, etc.			Suite, Apt. #, etc.				Applied For	
City & Sta	ate	City & Sta	City & State		mark from	165206	Not Applicable	
Žip	Country	Zip	I Co	untry	5. Date of Last	Report	6. Certificate of Status Desired	
]	,			•) 03/15/19	96	58.7 Childional Fee Required	
7. Name and Address of Current Registered			Agent		8. Name and Ad		egistered Agent	
JCEL R. LAVENDERS & ASSOCIATE			S. P.A.	Name	Name			
507 S	E 11TH COURT	,	Street Address (I	Street Address (P.O. Box Number is Not Acceptable)				
ET. I	AUDERDALE FL 33316	Suite, Apt. #, etc.						
			Suite, Apt. #, etc.		•			
			City				Zip Code	
0.0		Davida Otahulaa Aha ahaan waxaad Kasibad		11 - 4 100	<u>FL</u>	<u> </u>		
its registe	ant to the provisions of Sections 608.416 pred office or registered agent, or both, in the							
]	ered agent, and accept the obligations.				,			
SIGNATU	JRE(Registered Agent Accepting	Appointment) (N	OTE: Registered Agent sign	nature required when reinstating) <u> </u>	DATE		
10. Title	Managing Members/Managers		Business Street Address			City, State and Zip Code		
MGRM	Horizon Homes at G	ardenia	Place, 265	S. Federal	Hwv. #270) Deerf	ield Reach W	
MGRM MONDO DEVELOPMENT, INC &							•	
The state of the s			222	croft ave. Lesall	Load	HOODBRI	DGE, ONTARIO,	
			North York Onter					
Į.				30-275				
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					. 4 (_)	4000020855546 -02/12/9701033009 *****203.75 *****203.75		
						*****21	13.75 ****203.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information								
indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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; and that my name appears in Block 10, or on an								
	nt with an address.	mpomerou io t	T sports the leboit a	o required by Chapter C	~o, + ionda Siatut	oo, earru urkatiiiy II	anie appears in block 10, or on an	
SIGN	IATURE: $ u$	~	M.	n 4 hew Castell	L V.P	_	In 31/97	
INHSEIO	SIGNATURE AND TYP	PED OR PRINTED N	AME OF SIGNING MANAG	ING MEMBER OR MANAGER	F100 of	Date	Daytine Phone #	