## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 06, 2006 08:00 AM Secretary of State DOCUMENT # L95000000962 IDEN FAMILY REALTY NO. 1, L.C. Principal Place of Business Mailing Address 7519 LA PAZ BLVD., APT. 307C BOCA RATON FL 33433 7519 LA PAZ BLVD., APT, 307C BOCA RATON FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. II, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 65-0465396 Not Applicat Zip Country Country Zip \$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 BROOKE, PETER M Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134 City 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 paint of registered agent and fille if applicable. (NOTE: Registered Agent separative required when rematating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE Andth. ☐ Delete Change 11/0/16 IDEN, MITCHELL S MAME 1000000455159 STREET ADDRESS 7519 LA PAZ BLVD., APT. 307C STREET ADDRESS 03/16/06-80017-013 50.00 CITY-ST-ZIP **BOCA RATON FL 33433** 811Y-87-21P THE [] Change ☐ Delete 33114 A Arra NAME ያላፈላ STREET ADDRESS STREET ADDITIONS CHY-ST-20 CCTY-ST-70P ☐ Delete TITLE Change Addition NAME NAME STREET ATIORESS STREET ADORESS CITY-ST-ZIP CITY-ST-DP THILE Oelele TCTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-JP CHY-ST-ZIP RIRE ☐ Delete TITLE Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-20 CHY-ST-ZIP TITLE C Octete TITLE Change ☐ Additior NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CHY-ST-ZIP

**FILED** 

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: