

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002484

1. Entity Name
NEW TOWN LLC



Principal Place of Business
1400 NW 107 AVENUE
MIAMI, FL 33172

Mailing Address
1400 NW 107 AVENUE
MIAMI, FL 33172



03292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0893799

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, JOEL
1400 NORTHWEST 107TH AVENUE
MIAMI, FL 33172-2704

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000138663
04/29/04-80088-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ADLER, MICHAEL M
STREET ADDRESS 1400 NORTHWEST 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 331722704

TITLE EV
NAME LEVY, JOEL
STREET ADDRESS 1400 NORTHWEST 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 331722704

TITLE ST
NAME ARRIZURIETA, LUIS
STREET ADDRESS 1400 NORTHWEST 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 331722704

TITLE V
NAME HARRIS, BRETT W
STREET ADDRESS 1400 NORTHWEST 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 331722704

TITLE AS
NAME ADLER, LINDA K
STREET ADDRESS 1400 NORTHWEST 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 331722704

TITLE PCEO
NAME ADLER, MICHAEL M
STREET ADDRESS 1400 NW 107 AVE
CITY-ST-ZIP MIAMI, FL 33172

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IN THIS SPACE**

11. I 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joel Levy
Executive Vice President

4/27/04

Date

305-392-4051

Daytime Phone #