

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90067 048 ****50.00

DOCUMENT # L98000002734



1. Entity Name
SOUTHWARD HO PROPERTIES, L.L.C.

Principal Place of Business
**C/O MINK & MINK, INC.
3081 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308**

Mailing Address
**C/O MINK & MINK, INC.
3081 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308**

24060553



2. Principal Place of Business

3. Mailing Address

04262004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0875540

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINK & MINK, INC.
3801 E COMMERCIAL BLVD., SUNNYVALE B1
FORT LAUDERDALE, FL 33308**

Name **Table Bay Tax & Acctg Svc.**

Street Address (P.O. Box Number is Not Acceptable)

913 SE 13 COURT

Deerfield Beach, FL

33441

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)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **KAUFMAN, ROBERT Z**
CITY-ST-ZIP **2400 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/4 954-558-6146