

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000001318

1. Entity Name
SUFFOLK COURT, LLC



05 MAY 17 AM 11:34

FILE
DATE
TIME

Principal Place of Business
11900 BISCAYNE BLVD., SUITE 262
NORTH MIAMI, FL 33181

Mailing Address
11900 BISCAYNE BLVD., SUITE 262
NORTH MIAMI, FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005 Chg-LLC

CR2E083 (10/03)

85

4. FEI Number
65-1007031

Applied For
Not Applicable

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

GREEN, PATRICIA K
2200 MUSEUM TOWER, 150 WEST FLAGLER ST.
MIAMI, FL 33130

Name

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

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS CASTLE SUFFOLK CORP.
CITY-ST-ZIP 12550 BISCAYNE BLVD., SUITE 215
NORTH MIAMI, FL 33181 ☐ Delete

TITLE
NAME MGRM
STREET ADDRESS CASTLE SUFFOLK CORP.
CITY-ST-ZIP 11900 Biscayne Blvd. Suite 262
N. Miami, FL 33181 ☒ Change ☐ Addition

TITLE
NAME MGRM
STREET ADDRESS ROYAL SUFFOLK CORP.
CITY-ST-ZIP 12550 BISCAYNE BLVD., SUITE 215
NORTH MIAMI, FL 33181 ☐ Delete

TITLE
NAME ~~MGRM~~ Member
STREET ADDRESS ROYAL SUFFOLK CORP.
CITY-ST-ZIP 11900 Biscayne Blvd. Suite 262
N. Miami, FL 33181 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

4/6/05 305P9/333/

Date

Daytime Phone #

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