

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004171

1. Entity Name
BANYAN TOWNHOMES, L.L.C.



Principal Place of Business

**1175 NE 125 STREET
STE 418
MIAMI, FL 33161**

Mailing Address

**1175 NE 125 STREET
STE 418
MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE



04092004 No Chg-LLC

CR2E063 (10/03)

4. FEI Number
65-0989258

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOWNSEL, AL
9999 NE 2ND AVENUE, SUITE 300
MIAMI SHORES, FL 33138**

**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**

U000000111037
04/12/04-80107-005 55.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AL TOWNSEL, INC.
9999 NE 2ND AVENUE, SUITE 300
MIAMI SHORES, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LITTLE HAITI HOUSING ASSOCIATION, INC.
181 NE 82ND STREET 2ND FLOOR
MIAMI, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
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CITY - ST - ZIP

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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

Date

Daytime Phone #

305

4/9/04

888-5195