

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005785

1. Entity Name
2320 SOUTH CONWAY, L.L.C.



Principal Place of Business
2320 SOUTH CONWAY
ORLANDO, FL 32812

Mailing Address
ONE GALLERIA BLVD., STE. 1950
METAIRIE, LA 70001



02112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
72-1452408

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMUCK, MICHAEL B
2320 SOUTH CONWAY
ORLANDO, FL 32812

**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

U00000123060

04/21/04-80056-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MBS REALTY INVESTORS, LTD.
STREET ADDRESS ONE GALLERIA BLVD., SUITE 1950
CITY-ST-ZIP METAIRIE, LA 70001

TITLE MGRM
NAME SMUCK, MICHAEL B
STREET ADDRESS ONE GALLERIA BLVD., SUITE 1950
CITY-ST-ZIP METAIRIE, LA 70001

TITLE MGRM
NAME WEINER, RICHARD
STREET ADDRESS 770 LEXINGTON, 6TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10021

TITLE MGRM
NAME DWYER & CAMBRE REAL ESTATE PARTNERS, LLC
STREET ADDRESS 3421 N. CAUSEWAY BLVD., SUITE 707
CITY-ST-ZIP METAIRIE, LA 70002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 603, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #