

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

DOCUMENT # L99000005785

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



05 NOV -2 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2320 SOUTH CONWAY
ORLANDO, FL 32812

Mailing Address

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



05092005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1452408

Applied For
Not Applicable

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

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 September 7, 2005

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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	

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REINSTATEMENT

2005

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 #