

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008971

1. Entity Name
SYMPHONY BUILDERS AT THE BREEZES, LLC



Principal Place of Business

**1700 NORTH UNIVERSITY DRIVE, SUITE 302
CORAL SPRINGS, FL 33071**

Mailing Address

**1700 NORTH UNIVERSITY DRIVE, SUITE 302
CORAL SPRINGS, FL 33071**

DO NOT WRITE IN THIS SPACE



03222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0968387

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROTHENBERG, LARRY P.A.
815 CORAL RIDGE DRIVE
POMPAÑO BEACH, FL 33071**

**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, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SYMPHONY BUILDERS AT THE BREEZES, INC.
1700 NORTH UNIVERSITY DRIVE, SUITE 302
CORAL SPRINGS, FL 33071**

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04/27/05-80134-012 213.75

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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 #

4/18/05 954-341-1499