

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001361

1. Entity Name
TAMARAC SHOWPLACE, L.L.C.



Principal Place of Business

**C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY
SUITE 100
MIAMI, FL 33133**

Mailing Address

**C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY
SUITE 100
MIAMI, FL 33133**



03112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0391588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

**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
**MGR
FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ABBASSI, RAY
2000 S. DIXIE HWY., SUITE 100
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

000000215352
03/24/05-80050-017 \$0.00

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 609, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

3/14/05

305.856.5858