

Apr. 19. 2005 7:59AM

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90023 031 ****50.00

DOCUMENT # M03000004108

1. Entity Name
AG PALM CROSSING 22, LLC



Principal Place of Business
**701 EAST BYRD STREET, 15TH FLOOR
RICHMOND, VA 23219**

Mailing Address
**701 EAST BYRD STREET, 15TH FLOOR
RICHMOND, VA 23219**

2. Principal Place of Business
**1400 NW 107 Avenue
Suite, Apt. #, etc.
4th Floor**

3. Mailing Address
**1400 NW 107 Avenue
Suite, Apt. #, etc.
4th Floor**



04152005 Chg-LLC CR21E083 (10/03)

City & State
Miami, FL
Zip
33172 Country
USA

City & State
Miami, FL
Zip
33172 Country
USA

4. FEI Number
NOT APPLICABLE Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COHEN, E. RICHARD
17735 CORINTHIAN DRIVE
ENCINO, CA 91316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COHEN, GILDA R
17735 CORINTHIAN DRIVE
ENCINO, CA 91316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

E. Richard Cohen **Gilda R. Cohen** 4/14/05
818 681-45-26