


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90218 014 ****55.00

DOCUMENT # M05000002837 1. Entity Name EH/TRANSEASTERN, LLC					
Principal Place of Business 3300 UNIVERSITY DRIVE, SUITE 001 CORAL SPRINGS, FL 33065			Mailing Address 3300 UNIVERSITY DRIVE, SUITE 001 CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # 4000 Hollywood Blvd.		3. Mailing Address 4000 Hollywood Blvd.		 02162007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-3283978 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc. Suite 500N		Suite, Apt. #, etc. Suite 500N			
City & State Hollywood, FL		City & State Hollywood, FL			
Zip 33021		Zip 33021			
Country USA		Country USA			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TE/TOUSA SENIOR, LLC 4000 HOLLYWOOD BLVD., STE. 500N HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE: 		Sorana Georgescu		2/19/07 (954) 364-4029	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	