

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005959

1. Entity Name
5715 GEORGIA AVE., L.L.C.



Principal Place of Business
505 SOUTH FLAGLER
SUITE 1010
WEST PALM BEACH, FL 33401

Mailing Address
505 SOUTH FLAGLER
SUITE 1010
WEST PALM BEACH, FL 33401



01092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1092333

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 S FLAGLER DR. STE 1010
WEST PALM BEACH, FL 33401

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
JOHNSON, RICHARD S JR.
505 SOUTH FLAGLER
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
JOHNSON, SCOTT
505 SOUTH FLAGLER DR. STE 1010
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
KOENIG, PATRICK C
505 SOUTH FLAGLER DR STE 1010
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000057363
02/19/04-80058-020 50.00

**DO NOT WRITE
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 #