

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 23, 2007 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



03152007 No Chg-LLC

CR2E083 (11/05)

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

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

000000724200
05/02/07-80099-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #