


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000005959</b> 1. Entity Name 5715 GEORGIA AVE., L.L.C.	
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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
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03152007No 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 <input type="checkbox"/> <b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 FLALGER 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	

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IN THIS SPACE

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05/02/07-80099-016 50.00

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 # \_\_\_\_\_