

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008495

1. Entity Name
5900 AUSTRALIAN AVENUE, LLC



Principal Place of Business
5409 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407 US

Mailing Address
5409 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407 US



01192005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1105945** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MONCHICK, MICHAEL J
1803 AUSTRALIAN AVENUE, SUITE D
WEST PALM BEACH, FL 33409

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARKINS, GLENN B JR. 114 FOREST HILL BLVD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GERLACH, C.W. 5409 AUSTRALIAN AVE WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPENCER, JERRY L 2626 ELECTRONICS WAY WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONCHICK, MICHAEL J 1803 SOUTH AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/25/05-80105-013 50.00

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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 608, Florida Statutes.

SIGNATURE: *Michael J Monchick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #