


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000008495
 1. Entity Name
 5900 AUSTRALIAN AVENUE, LLC



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

DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For
 65-1105945 Not Applicable

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

6. Name and Address of Current Registered Agent
 MONCHICK, MICHAEL J
 123 VIZCAYA ESTATES DR
 PALM BEACH GARDENS, FL 33418

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARKINS, GLENN B JR.
STREET ADDRESS	114 FOREST HILL BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	MGRM
NAME	ESTATE OF C.W. GERLACH
STREET ADDRESS	5409 AUSTRALIAN AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	MGRM
NAME	SPENCER, JERRY L
STREET ADDRESS	2626 ELECTRONICS WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	MGRM
NAME	MONCHICK, MICHAEL J
STREET ADDRESS	123 VIZCAYA ESTATES DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/15/08-80018-021 138.75

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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 608, Florida Statutes.

SIGNATURE: *Glenn B. Harkins Jr* **GLENN B HARKINS JR** 1-24-08 5701 844-3008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
 MGRM