


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000031624  
 1. Entity Name  
 TAMARAC APARTMENTS LLC



Principal Place of Business      Mailing Address  
 ALTMAN DEVELOPMENT CORPORATION      ALTMAN DEVELOPMENT CORPORATION  
 1515 S FEDERAL HWY SUITE 300      1515 S FEDERAL HWY SUITE 300  
 BOCA RATON, FL 33432      BOCA RATON, FL 33432



01252005 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 81-0582529      Not Applicable

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

6. Name and Address of Current Registered Agent  
 JEFFREY A. DEUTCH, P.A.  
 7777 GLADES RD., STE. 300  
 BOCA RATON, FL 33434

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CG TAMARAC LLC 1515 S FEDERAL HWY, SUITE 300 BOCA RATON, FL 33432
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100000239524  
 02/22/05-80051-001 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)(f), 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: *Jeffrey A. Deutch*      Date: *2/17/05*      Daytime Phone #: *561 997 8661*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE