

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 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



02172006No 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

**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

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, 2006**

1100000508741  
04/28/06-80016-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

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

**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 608, Florida Statutes.

**SIGNATURE:**

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

3-3-06

Date

561-655-7200

Daytime Phone #