

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90485 047 ****50.00

60022578



01172007 Chg-LLC CR2E083 (12/06)

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1105945	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MONCHICK, MICHAEL J 123 VIZCAYA ESTATES DR PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARKINS, GLENN B JR. 114 FOREST HILL BLVD WEST PALM BEACH, FL 33405	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERLACH, C.W. 5409 AUSTRALIAN AVE WEST PALM BEACH, FL 33407	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPENCER, JERRY L 2626 ELECTRONICS WAY WEST PALM BEACH, FL 33407	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONCHICK, MICHAEL J 123 VIZCAYA ESTATES DR PALM BEACH GARDENS, FL 33418	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESTATE OF C.W. GERLACH ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: <u><i>Glenn B Harkins</i></u> MANAGING MEMBER <u>2/26/07</u> <u>585-5446</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					