

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008495

**Entity Name:** 5900 AUSTRALIAN AVENUE, LLC**Current Principal Place of Business:**5409 AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33407**Current Mailing Address:**5409 AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33407 US**FEI Number:** 65-1105945**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONCHICK, MICHAEL J  
C/O CASEY, CIKLIN  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33418 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	GLENN B. HARKINS, JR. REVOCABLE TRUST
Address	114 FOREST HILL BLVD
City-State-Zip:	WEST PALM BEACH FL 33405

Title	MGRM
Name	SPENCER, JERRY L
Address	2626 ELECTRONICS WAY
City-State-Zip:	WEST PALM BEACH FL 33407

Title	MGRM
Name	5409 AUSTRALIAN AVENUE, LLC
Address	5409 AUSTRALIAN AVE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	MGRM
Name	MONCHICK, MICHAEL J
Address	C/O CASEY, CIKLIN 515 NORTH FLAGLER DRIVE 20TH FLOOR
City-State-Zip:	WEST PALM BEACH FL 44401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** CHARLES GERLACH**MEMBER****01/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date