

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90287 013 ****50.00

DOCUMENT # L00000000271

1. Entity Name
PARK APARTMENTS AT DEERFIELD BEACH L.L.C.



Principal Place of Business
~~C/O IDM MGMT~~
~~B-104 4300 N UNIVERSITY DRIVE~~
~~LAUDERHILL, FL 33351~~

Mailing Address
~~4300 N LOVINSTIN DR~~
~~F20~~
~~FORT LAUDERDALE, FL 33351~~

24077410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05262004 Chg-LLC CR2E083 (10/03)

IDM Management, Inc.

IDM Management, Inc.

1130B E. Hallandale Beach Blvd
Hallandale, FL 33009

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4. FEI Number
95-0974134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, NORMAN T
50 WEST MASHTA DRIVE, #2
KEY BISCAYNE, FL 33149

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

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME I.D.M. MANAGEMENT, INC.
STREET ADDRESS 10837 CHARLESTON PLACE
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME IDM Management, Inc.
STREET ADDRESS 1130B E. Hallandale Beach Blvd.
CITY-ST-ZIP Hallandale, FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/26/04 954 455 9018