2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # L00000000271** Apr 26, 2005 08:00 AM Secretary of State 1. Entity Name PARK APARTMENTS AT DEERFIELD BEACH L.L.C. Principal Place of Business ___ Mailing Address C/O IDM MANAGEMENT INC C/O IDM MANAGEMENT INC 1130B HALLENDALE BEACH BLVD 1130B HALLENDALE BEACH BLVD HALLANDALE, FL 33009 HALLANDALE, FL 33009 01182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0974134 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERTS, NORMAN T DO NOT WRITE 50 WEST MASHTA DRIVE, #2 KEY BISCAYNE, FL 33149 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE IDM MANAGEMENT INC NAME STREET ADDRESS 1130B HALLENDALE BEACH BLVD HALLANDALE, FL 33009 CITY-ST-ZIP TITLE HÜÜÜÜÜĞĞ.2068 (9726765-80(44-010 **50.00** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE 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 accordate 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4h0/05

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Daytime Phone #