2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L00000011642

1. Entity Name

PARKCREST APARTMENTS, L.L.C.



FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90053 040 ****50.00

Principal Place of Business

150 NE 38 ST

OAKLAND PARK, FL 33334

Mailing Address

P O BOX 24943

FT. LAUDERDALE, FL 33307-4943



01042005No Chg-LLC

CR2E083 (10/03)

TON OD	WRITE	IN THIS	SPACE
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Applied For 4. FEI Number 59-2660145 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BANTA, BRADFORD C 4050 NORTHEAST 1ST AVE., STE. 117 OAKLAND PARK, FL 33334

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or i	registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typod or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re-instating)		DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANTA, CATHERINE M 4050 NORTHEAST 1ST AVE., STE. 117 OAKLAND PARK, FL 33334			
IIILE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANTA, BRADFORD C 4050 NORTHEAST 1ST AVE., STE. 117 OAKLAND PARK, FL 33334			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET AUDRESS CITY-ST-ZIP			IN THI	S SPACE
TITLE NAME STREET ADDRESS CHY-S1-ZIP				
TITLE	}			

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:

NAME STREET ADDRESS CITY-ST-ZIP

> 1. and ann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-05

954-526-0759

Dale

Daytime Phone #