

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012317

**FILED**  
**Jan 23, 2009**  
**Secretary of State**

**Entity Name:** BYRON APARTMENTS, LLC

**Current Principal Place of Business:**

5060 S.W. 119TH AVENUE  
COOPER CITY, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

5060 S.W. 119TH AVENUE  
COOPER CITY, FL 33330 US

**New Mailing Address:**

**FEI Number:** 65-1088484      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADARIO, MICHAEL  
5060 SW 119TH AVENUE  
COOPER CITY, FL 33330 US

**Name and Address of New Registered Agent:**

ADARIO, MICHAEL V  
5060 SW 119TH AVENUE  
COOPER CITY, FL 33330 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: MICHAEL V. ADARIO

01/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ADARIO, MICHAEL V  
Address: 5060 SW 119 AVE  
City-St-Zip: COOPER CITY, FL 333304403

Title: MGR ( ) Delete  
Name: ADARIO, RANDI M  
Address: 5060 SW 119 AVE  
City-St-Zip: COOPER CITY, FL 333304403

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL V. ADARIO

MGR

01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date