2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State
04-07-2005 90090 011 ****50.00

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1. Entity Name
HUDSON FIFTH AVENUE, LLC

Principal Place of Business
~~1080 S.E. THIRD AVENUE~~ 1850 SE 17th St. Suite 300
FORT LAUDERDALE, FL 33301

Mailing Address
~~1080 S.E. THIRD AVENUE~~ 1850 SE 17th St. Suite 300
FORT LAUDERDALE, FL 33301

02152005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1071948
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BODENWEBER, SCOTT
~~1080 SE 3RD AVE~~ 1850 SE 17th St; Suite 300
FT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	HUDSON, HARRIS W
STREET ADDRESS	~~1080 SE 3RD AVE~~ 1850 SE 17th St, Suite 300
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	VD
NAME	HUDSON, STEVEN W
STREET ADDRESS	~~1080 SE 3RD AVE~~ 1850 SE 17th St, Suite 300
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	TD
NAME	WRIGHT, PETER W
STREET ADDRESS	~~1080 SE 3RD AVE~~ 1850 SE 17th St; Suite 300
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	SD
NAME	HUDSON, HOLLY J
STREET ADDRESS	~~1080 SE 3RD AVE~~ 1850 SE 17th St; Suite 300
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Peter W. Wright 3/29/05 954-356-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #