

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-22-2005 90053 029 ****50.00

DOCUMENT # L00000013477

1. Entity Name
WESTWOOD APARTMENTS, L.L.C.



Principal Place of Business
P.O. BOX 24943
C/O BANTA PROPERTIES
FORT LAUDERDALE, FL 33307

Mailing Address
P.O. BOX 24943
C/O BANTA PROPERTIES
FORT LAUDERDALE, FL 33307



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1052062

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BANTA, BRADFORD C
4050 NORTHEAST 1ST AVENUE, SUITE 117
OAKLAND PARK, FL 33334

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BANTA, CATHERINE M
P.O. BOX 24943
FORT LAUDERDALE, FL 33307

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BANTA, BRADFORD
P.O. BOX 24943
FORT LAUDERDALE, FL 33307

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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]*

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

4-18-05

Date

954-566-0759

Daytime Phone #