

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90032 049 \*\*\*\*50.00

**DOCUMENT # L00000015179**

1. Entity Name  
HUDSON AVENUE, LLC



Principal Place of Business  
1600 E. ADAMS DR  
MAITLAND, FL 32751-5854

Mailing Address  
1600 E. ADAMS DR  
MAITLAND, FL 32751-5854

**DO NOT WRITE IN THIS SPACE**

01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3685593

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FREY, JULIA L  
215 N. EOLA DRIVE  
ORLANDO, FL 32801

**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 reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOLDMAN, MARILYN S  
1600 E ADAMS DR  
MAITLAND, FL 327515854

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOLDMAN, SIEGMUND I  
1600 E ADAMS DR  
MAITLAND, FL 327515854

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

**DO NOT WRITE  
IN THIS SPACE**

1. 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: *Marilyn S. Goldman, Manager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/10/05

Date

(407) 628-4619

Daytime Phone #