


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000862	
1. Entity Name ORMOND SHORES APARTMENTS, LLC	

Principal Place of Business 920 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	Mailing Address 920 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/06)

4. FEI Number 59-3704840		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAHOLIAS, KONSTANTIN 920 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAHOLIAS, KONSTANTIN 920 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000574683 08/18/06-80003-010 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Elaphett Maholia* 8 9 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #