2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# L01000002821

Entity Name: BROADVIEW APARTMENTS, L.L.C.

Current Principal Place of Business:

5500 COLLINS AVE.,
APT. 1702
MIAMI BEACH, FL 331402501

New Principal Place of Business:

Current Mailing Address:

5500 COLLINS AVE.,
APT. 1702
MIAMI BEACH, FL 331402501

New Mailing Address:

FEI Number: 65-1079900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULTACK, SPENCER J
5500 COLLINS AVE.,
APT. 1702
MIAMI BEACH, FL 331402501

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	MULTACK, SPENCER	
Address:	5500 COLLINS AVE APT 1702	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGRM	( ) Delete
Name:	MULTACK, JOELLEN	
Address:	5500 COLLINS AVE APT 1702	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGRM	( ) Delete
Name:	MULTACK, WILLIAM	
Address:	5500 COLLINS AVE	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: WILLIAM MULTACK MGRM 01/06/2004

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