

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000004801

1. Entity Name
COUNTRY CLUB APTS, LLC



Principal Place of Business
**1515 S 14TH AVE
HOLLYWOOD, FL 33019 US**

Mailing Address
**PO BOX 221176
HOLLYWOOD, FL 33022 US**



02022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1088241

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**IONESCU, EMANUEL MEMBER
1247 HARRISON STREET
HOLLYWOOD, FL 33019**

**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

(NOTE: Registered Agent signature required when reinstating)

4-16-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**U000000719333
05/01/07-80061-003 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
IONESCU, EMANUEL
1247 HARRISON STREET
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
IONESCU, MIHAELA
1247 HARRISON STREET
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
IONESCU, GIGEL
6551 NEBULA COURT
ROCKLIN, CA 95677**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHANDLER, CARMEN T
6551 NEBULA COURT
ROCKLIN, CA 95677**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

4-16-07 954 9274812

Date

Daytime Phone #