2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State
03-23-2004 90071 048 ****50.00

DOCUMENT # L01000008495

1. Entity Name
5900 AUSTRALIAN AVENUE, LLC

Principal Place of Business	Mailing Address
1803 AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409	1803 AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409

02052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5409 Australian Avenue Suite, Apt. #, etc.	5409 Australian Avenue Suite, Apt. #, etc.
City & State: West Palm Beach, FL Zip: 33407 Country: U.S.A	City & State: West Palm Beach, FL Zip: 33407 Country: U.S.A.

4. FEI Number: 65-1105945 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONCHICK, MICHAEL J 1803 AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARKINS, GLENN B JR. 114 FOREST HILL BLVD WEST PALM BEACH, FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GERLACH, C.W. 5409 AUSTRALIAN AVE WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SPENCER, JERRY L 2626 ELECTRONICS WAY WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MONCHICK, MICHAEL J 1803 SOUTH AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: C W Gerlach 3/19/04 (561) 842-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CHARLES W. GERLACH