

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008495

1. Entity Name

5900 AUSTRALIAN AVENUE, LLC



Principal Place of Business

5409 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407 US

Mailing Address

5409 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407 US



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

MONCHICK, MICHAEL J
1803 AUSTRALIAN AVENUE, SUITE D
WEST PALM BEACH, FL 33409

**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	MGRM
NAME	HARKINS, GLENN B JR.
STREET ADDRESS	114 FOREST HILL BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	MGRM
NAME	GERLACH, C.W.
STREET ADDRESS	5409 AUSTRALIAN AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	MGRM
NAME	SPENCER, JERRY L
STREET ADDRESS	2626 ELECTRONICS WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	MGRM
NAME	MONCHICK, MICHAEL J
STREET ADDRESS	1803 SOUTH AUSTRALIAN AVENUE, SUITE D
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80105-013 50.00

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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:

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

Date

Daytime Phone #