
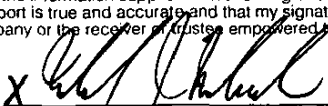


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90177 029 \*\*\*\*50.00

<b>DOCUMENT # L01000008495</b> 1. Entity Name <b>5900 AUSTRALIAN AVENUE, LLC</b>					
Principal Place of Business <b>5409 AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407 US</b>			Mailing Address <b>5409 AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01102006 Chg-LLC CR2E083 (11/05)			4. FEI Number <b>65-1105945</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent  <b>MONCHICK, MICHAEL J 1803 AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409</b>				7. Name and Address of New Registered Agent Name <b>Monchick, Michael J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>123 Vizcaya Estates Drive</b> City <b>Palm Beach Gardens FL</b> Zip Code <b>33418</b>	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERLACH, C.W. 5409 AUSTRALIAN AVE WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPENCER, JERRY L 2626 ELECTRONICS WAY WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONCHICK, MICHAEL J 1803 SOUTH AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONCHICK, MICHAEL J 123 Vizcaya Estates Drive Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONCHICK, MICHAEL J 123 Vizcaya Estates Drive Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONCHICK, MICHAEL J 123 Vizcaya Estates Drive Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: X</b>  <b>Michael J. Monchick</b> <b>Feb. 16, 2006</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					