

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2008 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

DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC

CR2E083 (12/07)

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
123 VIZCAYA ESTATES DR
PALM BEACH GARDENS, FL 33418

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 ESTATE OF C.W. GERLACH
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 123 VIZCAYA ESTATES DR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000817826
02/15/08-80018-021 138.75

**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

Date

Daytime Phone #

Glenn B. Harkins Jr **GLENN B HARKINS JR** 1-24-08 5701 844-3008
MGRM