## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L01000013805**

1. Entity Name IDEAL APARTMENTS, LLC



FILED Feb 26, 2004 08:00 AM Secretary of State

Principal Place of Business 552 NE 34TH COURT OAKLAND PARK, FL 33334

STREET ADDRESS City-St-Zip Mailing Address 552 NE 34TH COURT OAKLAND PARK, FL 33334



01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1130345

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PELOSI, NANCY D 312 SOUTHEAST 17TH STREET, SECOND FLOOR FORT LAUDERDALE, FL 33316

## DO NOT WRITE IN THIS SPACE

PORT DAG	DENDALE, I E 93310	IN 1	HIS SPACE		
	named entity submits this statement for the purpose of changing of entity submits this statement for the purpose of changings of the purpose of the	ging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar wi	th, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and trile if applicable,	(NOTE: Registered Agent signature required when realistizing)	DATE	<del>y,</del> -:	
Filing Fee is \$50.00 Due by May 1, 2004			U00000067188 02/26/04-80046-018 50.00		
9.	MANAGING MEMBERS/MANAGERS			]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASORIA, PETER JR. 552 NE 34TH COURT OAKLAND PARK, FL 33334			• '	
TITLE	MGRM				
NAME	CASE, CY J	i			
STREET ADDRESS	4367 N. FEDERAL HWY.	•		ļ	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308				
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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 DOWNSTED HARMS OF SIGNING MANAGENCY MEMBER, OR AUTHORIZED REPRESENTATIVE

1-28-04 954 77/-350c