

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90750 015 ****61.25

DOCUMENT # L01000013839

1. Entity Name

19TH TERRACE APARTMENTS, LLC



Principal Place of Business

17 EAST FLAGLER STREET
#111
MIAMI FL 33131

Mailing Address

P.O. BOX 13351
MIAMI FL 33101

14023065



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1131226

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEEB, KEVIN L ESQ.
2350 CORAL WAY, STE. 401
MIAMI FL 33145-3536

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SHERMAN, JEFF
STREET ADDRESS 168 SE 1ST ST., STE. 803
CITY-ST-ZIP MIAMI FL 33131

TITLE MGRM ☐ Delete
NAME POMBO, MARTIN
STREET ADDRESS 223 E. FLAGLER STREET M-1
CITY-ST-ZIP MIAMI FL 33132

TITLE MGRM ☐ Delete
NAME BAGUEAR, SUSANA
STREET ADDRESS 223 E. FLAGLER STREET M-1
CITY-ST-ZIP MIAMI FL 33132

TITLE MGRM ☐ Delete
NAME AMINON, ABRAM
STREET ADDRESS 55 NE FIRST STREET #14
CITY-ST-ZIP MIAMI FL 33132

TITLE MGRM ☐ Delete
NAME SHERMAN, THELMA
STREET ADDRESS 168 SE FIRST STREET #803
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/31/04 305375
0720