

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000022617

1. Entity Name  
BULOVA DRIVE APARTMENTS LLC



Principal Place of Business

115 BULOVA DRIVE S  
APOPKA, FL 32703

Mailing Address

1782 MARKHAM GLEN CIRCLE  
LONGWOOD, FL 32779



01272005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHOEFFEL, CHRISTOPHER  
1782 MARKHAM GLEN CIRCLE  
LONGWOOD, FL 32779

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SCHOEFFEL, CHRISTOPHER  
1782 MARKHAM GLEN CIRCLE  
LONGWOOD, FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
IM, ANGELA  
1782 MARKHAM GLEN CIRCLE  
LONGWOOD, FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY - ST - ZIP

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02/02/05-80007-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Chris Schoeffel*

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

Date

Daytime Phone #