

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90113 007 ****50.00

DOCUMENT # L0200017726 1. Entity Name J.R. GARDEN APARTMENTS, L.L.C.					
Principal Place of Business 4050 N. 50TH AVENUE HOLLYWOOD, FL 33021			Mailing Address 4050 N. 50TH AVENUE HOLLYWOOD, FL 33021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 45-0485060	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERTS, NORMAN T 50 WEST MASHTA DRIVE, SUITE 4 KEY BISCAIYNE, FL 33149				Name LEVY, JOSEPH	
				Street Address (P.O. Box Number is Not Acceptable) 4050 N 50th AVE	
				City HOLLYWOOD	
				FL Zip Code 33021	
8. The above named entity admits 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 4/11/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, JOSEPH 4050 N 50 AVE HOLLYWOOD, FL 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, REBECA 4050 N 50 AVE HOLLYWOOD, FL 33021	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: REBECCA LEVY 4/11/04 Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
			(954) 961-2662 Daytime Phone #		