


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90219 004 \*\*\*\*50.00

|  |   |                                 |  |   |   |
|--|---|---------------------------------|--|---|---|
| <b>DOCUMENT # L02000017726</b><br>1. Entity Name<br><b>J.R. GARDEN APARTMENTS, L.L.C.</b>  |   |                                 |  |  |   |
| Principal Place of Business<br><b>4050 N. 50TH AVENUE<br/>HOLLYWOOD, FL 33021</b>  |   |                                 | Mailing Address<br><b>4050 N. 50TH AVENUE<br/>HOLLYWOOD, FL 33021</b>  |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |   |
| City & State   |   |                                 | City & State   |   |   |
| Zip  |   | Country                         |  | Zip   |   |
| Country  |   | Country                         |  | 4. FEI Number<br><b>45-0485060</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 6. Name and Address of Current Registered Agent<br><br><b>LEVY, JOSEPH<br/>4050 NORTH 50TH AVE.<br/>HOLLYWOOD, FL 33021</b>  |   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |   |   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>   |   |   |
| 9. MANAGING MEMBERS / MANAGERS   |   |                                 | 10. ADDITIONS / CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>LEVY, JOSEPH<br>4050 N 50 AVE<br>HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>LEVY, REBECA<br>4050 N 50 AVE<br>HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |   |                                 |  |   |   |
| <b>SIGNATURE:</b> <i>Rebecca B. Levy</i> <b>REBECCA LEVY</b> <b>3/20/06</b> <b>954-961-2662</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |   |                                 |  |   |   |