2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 27, 2007 8:00 am

ANNOAL REPORT					Secretary of State				
DOCUMENT # L02000017726 1. Entity Name J.R. GARDEN APARTMENTS, L.L.C.					ŗ	03-27-2007	•		
Principal Place of Business Mail		Mailing Address	•						
4050 N. 50TH AVENUE HOLLYWOOD, FL 33021		4050 N. 50TH AVENUE HOLLYWOOD, FL 33021							
Principal Place of Business - No P.O. Box # 3. Mailing Address								į	
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302007	Chg-LLC	CR2E083	·		
City & State		City & State		4. FEI Number Applied For 45-0485060 Not Applicable					
Zip	Country	Zip Country				of Status Desired		5.00 Add	tional
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	gistered Ag	ent	,
LEVY, JOSEPH 4050 NORTH 50TH AVE. HOLLYWOOD, FL 33021				Name					
			S	Street Address (P.O. Box Number is Not Acceptable)					
	,								
,				City	-		FL	Zip Code	,
The above the obligat	named entity submits this statement fo ions of registered agent.	the purpose of changing its r	registered o	office or register	ed agent, or bot	h, in the State of Flor	rida. I am fari	niliar with, a	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	INC Use in approache. (NOTE:	: Hegistered Age	ent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/			
TITLE	MGR	☐ Delete					CHANGES		
NAME STREET ADDRESS	LEVY, JOSEPH		TITLE					Change	Addition
Directives	I		NAME	ODBEGG				☐ Change	☐ Addition
CITY-ST-ZIP	4050 N 50 AVE HOLLYWOOD, FL 33021							_ Change	Addition
TITLE	4050 N 50 AVE HOLLYWOOD, FL 33021 MGR	☐ Delete	NAME STREET ACCCUTY-ST-					☐ Change	Addition Addition
TITLE NAME	4050 N 50 AVE HOLLYWOOD, FL 33021 MGR LEVY, REBECA		NAME STREET AC CITY-ST- TITLE NAME	ZIP				·	
TITLE	4050 N 50 AVE HOLLYWOOD, FL 33021 MGR		NAME STREET ACCCUTY-ST-	DORESS				·	
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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.

SIGNATURE: LEVE B. LEVY REPETCA LEVY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

(954)961-2662