

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Sep 24, 2004 8:00 am**  
**Secretary of State**

7/21

07-26-2004 90135 035 \*\*\*\*50.00

**DOCUMENT # L02000023703**


1. Entity Name  
**BRENTWOOD APARTMENTS, LLC**



Principal Place of Business      Mailing Address  
**11767 BAYFIELD DRIVE**      **11767 BAYFIELD DRIVE**  
**BOCA RATON, FL 33498 US**      **BOCA RATON, FL 33498 US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**34010540**



07092004    Chg-LLC    CR2E083 (10/03)

4. FEI Number  
**APPLIED FOR 81-0570703**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TILLEY, MICHAEL R**  
**2000 GLADES ROAD**  
**SUITE 306**  
**BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 8, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGRM. KRISHNA PERSAUD, 11767 BAYFIELD DRIVE BOCA RATON, FL 33498	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: *Krishna Persaud*      Date: *7/22/04*      Daytime Phone #: *561-778-5438*

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



Attachment  
34010540

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 28, 2004

**BRENTWOOD APARTMENTS, LLC**  
11767 BAYFIELD DRIVE  
BOCA RATON, FL 33498 US

Subject: **BRENTWOOD APARTMENTS, LLC**

Reference Number:

**L02000023703**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION