

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025690

Entity Name: IVY APARTMENTS, LLC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

17100 COLLINS AVENUE
SUITE 205-206
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

17100 COLLINS AVENUE
SUITE 205-206
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 05-0533671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARONSKY, RICHARD A
17100 COLLINS AVENUE
SUITE 205-206
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ARONSKY, RICHARD A
Address: 17100 COLLINS AVENUE, SUITE 205-206
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Delete
Name: ZINKIL, EDWARD P JR.
Address: 17100 COLLINS AVENUE, SUITE 205-206
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD ARONSKY

MGRM

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date