

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90105 037 ****50.00

DOCUMENT # L02000028835

1. Entity Name

ALLAPATTAH APARTMENTS, LLC



Principal Place of Business

17 EAST FLAGLER
SUITE 111
MIAMI FL 33131

Mailing Address

P.O. BOX 13351
MIAMI FL 33101

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E083 (11/03)

4. FEt Number

11-3671654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEEB, KEVIN L ESQ.
2350 CORAL WAY, STE. 401
MIAMI FL 33145-3536

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SHERMAN, JEFF
STREET ADDRESS 168 SE 1 STREET
CITY-ST-ZIP MIAMI FL 33131

TITLE MGRM ☐ Delete
NAME BARGAIR, SUSANA
STREET ADDRESS 223 OAKS FLAGLER ST. M-1
CITY-ST-ZIP MIAMI FL 33138

TITLE MGRM ☐ Delete
NAME SHERMAN, THEUA
STREET ADDRESS 168 SE 1 STREET #803
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE mgrm ☒ Change ☐ Addition
NAME Sherman Jeff
STREET ADDRESS 17 East Flagler St #111
CITY-ST-ZIP Miami FL 33131

TITLE MGRM ☒ Change ☐ Addition
NAME Baguear Susana
STREET ADDRESS 223 East Flagler St # M-1
CITY-ST-ZIP Miami - FL 33131

TITLE mgr ☐ Change ☐ Addition
NAME Sherman Thelma
STREET ADDRESS 17 East Flagler St #111
CITY-ST-ZIP Miami FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

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

Date

Daytime Phone #

[Handwritten Signature]

2/2/04 305375020