2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Wiar 21, 2005 08:00
DOCUMENT # L02000030434				Secretary of State
1. Entity Name WALNUT MOTEL APARTMENTS, L.L.C.				
VVALINU	MOTEL APARTMEN	113, L.L.O.		
Principal Plac	ce of Business	Mailing Address]
333 WALNU HOLLYWOOI	T ST. D, FL 33019	333 WALNUT ST. HOLLYWOOD, FL 33019		
DO NOT WRITE IN THIS SPA			· ^=	01282005No Chg-LLC CR2E083 (10/03)
<u></u>	NO NO! WH	HE IN THIS SPA	UE.	4. FEI Number Applied For
		•		41-2066548 Not Applicable
····				5. Certificate of Status Desired Fee Required
	6. Name and Address of	Current Registered Agent		and the state of t
JACOBSON, DANIEL A				DO NOT WRITE
2500 NORTH FEDERAL HWY., STE. 100 FT LAUDERDALE, FL 33305		TE. 100		
			IN THIS SPACE	
	named entity submits this stat tions of registered agent.	ement for the purpose of changing its registere	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of regis	ered agent and title if applicable. (NOTE Registere	d Agent signature required	of when reinstating) DATE
F	iling Fee is \$50.00 ue by May 1, 2005			· · ·
9.		MEMBERS/MANAGERS		
TITLE NAME	MGR NORDINGER, JOHN			
STREET ADDRESS	333 WALNUT ST.			
CITY-ST-ZIP	HOLLYWOOD, FL 33019	}	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME				03/21/05-80071-018 50.00
STREET ADDRESS				
CITY-ST-ZIP				
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME				IN THIS SPACE
STREET ADDRESS				
City-st-zip				
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME				

11. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/14/Q5 954557-3037