


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002575 1. Entity Name COURTNEY LANDING APARTMENTS LLC	
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Principal Place of Business 802 11TH ST. WEST BRADENTON, FL 34205	Mailing Address 802 11TH ST. WEST BRADENTON, FL 34205
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DO NOT WRITE IN THIS SPACE



04272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 57-1146423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, PA
802 11TH ST. WEST
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAYDEN, BERNARD H 10312 SHIREOAKS LANE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAYDEN, MILDRED 10312 SHIREOAKS LANE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAYDEN, JEROLD S 550 MAMARONECK AVE # 404 HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAMBERT, SANDRA K 550 MAMARONECK AVE # 404 HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000358712
05/04/05-80123-013 50.00

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IN THIS SPACE**

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:  **4/27/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #