

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002905

FILED  
Mar 26, 2004  
Secretary of State

Entity Name: CITY KING APARTMENTS, L.L.C.

## Current Principal Place of Business:

7801 TATUM WATERWAY DRIVE  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

13315 N.E 6TH AVE.  
APT 1  
NORTH MIAMI, FL 33161

## Current Mailing Address:

7801 TATUM WATERWAY DRIVE  
MIAMI BEACH, FL 33141

## New Mailing Address:

13315 N.E 6TH AVE.  
APT 1  
NORTH MIAMI, FL 33161

FEI Number: 22-3895263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FEINBERG, JEFFREY  
4000 HOLLYWOOD BLVD., SUITE 350-N  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: CHELMINSKY, SHLOMO MGRM  
Address: 13315 N.E 6TH AVE. APT 1  
City-St-Zip: NORTH MIAMI, FL 33161

Title: MGR ( ) Change (X) Addition  
Name: CHELMINSKY, ALLEN  
Address: 13315 N.E 6TH AVE. APT 1  
City-St-Zip: NORTH MIAMI, FL 33161

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: SHLOMO CHELMINSKY

MGRM

03/26/2004

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