

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000014297

1. Entity Name

FELDNIC ESTATES 2359, LLC



Principal Place of Business

1573 NE 194TH STREET  
NORTH MIAMI BEACH, FL 33179

Mailing Address

1573 NE 194TH STREET  
NORTH MIAMI BEACH, FL 33179



02162005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-4251035

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAUSER, MARC  
1111 KANE CONCOURSE #616  
BAY HARBOR, FL 33154

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

|                |                             |
|----------------|-----------------------------|
| TITLE          | MGR                         |
| NAME           | SADOVNIC, MIGUEL            |
| STREET ADDRESS | 1573 NE 194TH STREET        |
| CITY-ST-ZIP    | NORTH MIAMI BEACH, FL 33179 |
| TITLE          | MGR                         |
| NAME           | ESSENFELD, JACOBO           |
| STREET ADDRESS | 1573 NE 194TH STREET        |
| CITY-ST-ZIP    | NORTH MIAMI BEACH, FL 33179 |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

1100000239698  
02/22/05-80058-001 50.00

1100000239698  
02/22/05-80058-002 5.00

**DO NOT WRITE  
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:

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

Date

Daytime Phone #

2-16-05 305-652-2244