

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90014 043 \*\*\*\*50.00

DOCUMENT # L03000020161

1. Entity Name  
PARKSIDE APARTMENTS, LLC



Principal Place of Business

~~324 89TH STREET~~  
~~SURFSIDE, FL 33154~~  
4412 BYRON AVE.  
MIAMI BEACH, FL 33141

Mailing Address

324 89TH STREET  
SURFSIDE, FL 33154

20001558



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1583278

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAHN, DONALD J  
317 71ST STREET  
MIAMI BEACH, FL 33141

**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**

Please note new changes

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JURKEVICH, SAMUEL
STREET ADDRESS	324 89TH STREET
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	MGRM
NAME	JURKEVICH, LILY
STREET ADDRESS	324 89TH STREET
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	MGRM
NAME	BURSHATIN, ISRAEL
STREET ADDRESS	500 OAKLEY ROAD
CITY-ST-ZIP	HAVERFORD, PA 19041
TITLE	MGRM
NAME	MARGULIES, LYNN
STREET ADDRESS	4388 FOX RIDGE DRIVE 3752 OAK RIDGE CIRCLE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	MGRM
NAME	JURKEVICH, ALEX
STREET ADDRESS	36 REVERE ROAD
CITY-ST-ZIP	WOBURN, MA 01801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

- Principal Place of Business. ①

- New address for Lynn Margulies ②

Please adjust your records accordingly.

Thank you.

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

SAMUEL JURKEVICH (MGR) JAN/10/05 305-332-0263

Date

Daytime Phone #