

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90129 016 ****55.00

DOCUMENT # L03000020161

1. Entity Name
PARKSIDE APARTMENTS, LLC



Principal Place of Business
**7412 BYRON AVE
MIAMI BEACH, FL 33141**

Mailing Address
**324 89TH STREET
SURFSIDE, FL 33154**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-1583278

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME JURKEVICH, SAMUEL
STREET ADDRESS 324 89TH STREET
CITY-ST-ZIP SURFSIDE, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME JURKEVICH, LILY
STREET ADDRESS 324 89TH STREET
CITY-ST-ZIP SURFSIDE, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME BURSHATIN, ISRAEL
STREET ADDRESS 329 S JUNIPER
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MARGULIES, LYNN
STREET ADDRESS 3752 OAK RIDGE CIRCLE
CITY-ST-ZIP WESTON, FL 33331

TITLE MGRM ☒ Change ☐ Addition
NAME LYNN MICHELLE COHEN
STREET ADDRESS 3752 OAK RIDGE CIRCLE
CITY-ST-ZIP WESTON FL 33331

TITLE MGRM ☐ Delete
NAME JURKEVICH, ALEX
STREET ADDRESS 36 REVERE ROAD
CITY-ST-ZIP WOBURN, MA 01801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SAMUEL JURKEVICH

JANUARY 9/2007

305-865-6033

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

Date

Daytime Phone #