

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020161

FILED
Jan 07, 2009
Secretary of State

Entity Name: PARKSIDE APARTMENTS, LLC

Current Principal Place of Business:

7412 BYRON AVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

324 89TH STREET
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 59-1583278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Title: MGR () Delete
Name: JURKEVICH, SAMUEL
Address: 324 89TH STREET
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: JURKEVICH, LILY
Address: 324 89TH STREET
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: JURKEVICH, ALEX
Address: 36 REVERE ROAD
City-St-Zip: WOBURN, MA 01801

Title: MGRM () Delete
Name: COHEN, LYNN
Address: 3752 OAK RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SAMUEL JURKEVICH

MGR

01/07/2009

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