

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024643

**FILED**  
**May 03, 2005**  
**Secretary of State**

**Entity Name:** YOUNG PINES APARTMENTS, LLC

**Current Principal Place of Business:**

7602 MARBLEHEAD LANE  
PARKLAND, FL 33067

**New Principal Place of Business:**

1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431

**Current Mailing Address:**

7602 MARBLEHEAD LANE  
PARKLAND, FL 33067

**New Mailing Address:**

1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431

**FEI Number:** 20-0105922      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD., STE. 1200  
WEST PALM BEACH, FL 33401 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: MGRM ( ) Delete  
Name: FALCONE, ARTHUR  
Address: 3300 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FALCONE, ARTHUR  
Address: 1951 NW 19TH SUITE 200  
City-St-Zip: BOCA RATON, FL 33431 US

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: ARTHUR FALCONE

MGRM

05/03/2005

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