

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028785

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: SYLVIA AVENUE APARTMENTS, LLC

**Current Principal Place of Business:**

8406 MASSACHUSETTS AVENUE  
SUITE A-1  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

8406 MASSACHUSETTS AVENUE  
SUITE A-1  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

FEI Number: 20-0144526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LEVALLEY, CRAIG A ESQ  
8406 MASSACHUSETTS AVENUE  
SUITE A-1  
NEW PORT RICHEY, FL 34653 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: NAPOLITANO, PETER A  
Address: 8406 MASSACHUSETTS AVENUE, SUITE A-1  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: MGRM ( ) Delete  
Name: LEVALLEY, CRAIG A  
Address: 8406 MASSACHUSETTS AVENUE, SUITE A-1  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

**ADDITIONS/CHANGES:**

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 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: PETER A. NAPOLITANO, MGR

MGR

01/25/2005

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