

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000028785

1. Entity Name
SYLVIA AVENUE APARTMENTS, LLC



Principal Place of Business
8406 MASSACHUSETTS AVENUE
SUITE A-1
NEW PORT RICHEY, FL 34653

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



04142007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0144526

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NAPOLITANO, PETER A
STREET ADDRESS	8406 MASSACHUSETTS AVENUE, SUITE A-1
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653
TITLE	MGRM
NAME	LEVALLEY, CRAIG A
STREET ADDRESS	8406 MASSACHUSETTS AVENUE, SUITE A-1
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/09/07-80126-003 50.00

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IN THIS SPACE**

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:

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

Date

Daytime Phone #