


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90084 021 \*\*\*\*50.00

**DOCUMENT # L04000053226**

1. Entity Name  
**JLM HIBISCUS APARTMENTS, LLC**



Principal Place of Business      Mailing Address  
**1759 N.E. 21ST STREET**      **1759 N.E. 21ST STREET**  
**FORT LAUDERDALE FL 33305**      **FORT LAUDERDALE FL 33305**

**60000000**



1st MOORE      CR2E083 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**20-1562323**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WEISSBERG, CRAIG E ESQ**  
**CRAIG E. WEISSBERG, P.A.**  
**9100 S. DADELAND BLVD., PH-1, STE. 1701**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **Lance M. Koepnick**

Street Address (P.O. Box Number is Not Acceptable)  
**1759 NE 21st Street**

City **Fort Lauderdale**      FL      Zip Code **33305**

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 *Lance M. Koepnick*      **Lance M. Koepnick**      **1/19/05**  
Signature, typed or printed name of registered agent and file if applicable      (NOTE Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>KOEPNICK, LANCE M</b> <b>1759 N.E. 21ST STREET</b> <b>FORT LAUDERDALE FL 33305</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>James R. Black</b> <b>2412 Andros Lane</b> <b>Fort Lauderdale, FL 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGRM</b> <b>Mark E. Koenig</b> <b>2412 Andros Lane</b> <b>Fort Lauderdale, FL 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Lance M. Koepnick*      **Lance M. Koepnick**      **1/19/05**      **565-5905**  
Signature and typed or printed name of signing managing member, manager, or authorized representative      Date      Daytime Phone #