


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90152 015 ****50.00

DOCUMENT # L04000057412

1. Entity Name
5390 APARTMENTS, L.L.C.



Principal Place of Business
**4000 HOLLYWOOD BLVD STE. 350-N
 HOLLYWOOD FL 33021**

Mailing Address
**4000 HOLLYWOOD BLVD STE. 350-N
 HOLLYWOOD FL 33021**

2. Principal Place of Business
5390 N.E 5TH TERRACE

3. Mailing Address
5525 SW 41ST ST

Suite, Apt. #, etc.
APT #125

City & State
DEERFIELD BEACH FL

City & State
PEMBROKE PARK FL

Zip
33064

Country
USA

Zip
33023

Country
USA



1st MOORE CR2E083 (10/04)

4. FEI Number
41-2146794

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FEINBERG, JEFFREY ESQ
 4000 HOLLYWOOD BLVD STE. 350-N
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name
FRANK ROSEN

Street Address (P.O. Box Number is Not Acceptable)
5525 SW 41ST ST APT #125

City
PEMBROKE PARK FL

Zip Code
33023

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 Frank Rosen **FRANK ROSEN MANAGING MEMBER** **2/4/05**
Signature, typed or printed name of registered agent and title 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	Delete
MANAGING MEMBER	FRANK ROSEN	5525 SW 41ST ST	PEMBROKE PARK FL 33023	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Frank Rosen **FRANK ROSEN** **2/4/05** **954 913 0542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #