

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.

Suite, Apt. #, etc.

APT #125

City & State

DEERFIELD BEACH FL

City & State

PEMBROKE PARK FL

Zip

33064

Country

USA

Zip

33023

Country

USA

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
FRANK ROSEN
5525 SW 41ST ST
PEMBROKE PARK FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 #