


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90012 034 ****50.00

DOCUMENT # L04000057112

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



Principal Place of Business 5390 NORTHEAST 5TH TERRACE POMPANO BEACH, FL 33064	Mailing Address 5525 SOUTHWEST 41ST STREET #125 HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2146794	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, FRANK
5525 SOUTHWEST 41ST STREET
#125
PEMBROKE PINES, FL 33023

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, FRANK 5525 SOUTHWEST 41ST STREET PEMBROKE PINES, FL 33023
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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: *Frank Rosen* **FRANK ROSEN** *1/10/07* **9549130542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #