

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075883

**FILED**  
**Jan 25, 2005**  
**Secretary of State**

**Entity Name:** MIL RACE APARTMENTS, L.L.C.

**Current Principal Place of Business:**

P.O. BOX 9525  
CORAL SPRINGS, FL 33075

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9525  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

**FEI Number:** 20-1768557

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

THOMAS G. SHERMAN, P.A.  
218 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GOLAN, ELIAHU  
Address: 420 OAK CIRCLE, STE. 37  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: SACHMOROV, ELYAHU  
Address: P.O. BOX 9525  
City-St-Zip: CORAL SPRINGS, FL 33075

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ELYAHU SACHMOROV

MMGR

01/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date