

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051214

**FILED**  
**Mar 27, 2009**  
**Secretary of State**

**Entity Name:** DWELL APARTMENTS, LLC.

**Current Principal Place of Business:**

% THE KLEIN COMPANY  
1735 MARKET ST., SUITE 4010  
PHILADELPHIA, PA 19103

**New Principal Place of Business:**

**Current Mailing Address:**

% THE KLEIN COMPANY  
1735 MARKET ST., SUITE 4010  
PHILADELPHIA, PA 19103

**New Mailing Address:**

**FEI Number:** 20-2918797      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HOCTOR, JAMES J  
215 N. EOLA DRIVE  
ORLANDO, FL 32801      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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KLEIN, STEPHEN B  
Address: 217 DELANCEY ST  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR      ( ) Delete  
Name: TOMAINO, JAMES J  
Address: 1735 MARKET STREET STE 4010  
City-St-Zip: PHILADELPHIA, PA 19103

**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 exemption stated in Chapter 119, 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: JAMES J. TOMAINO

MGR

03/27/2009

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