

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90128 003 ****50.00

DOCUMENT # L05000061312

1. Entity Name

WESTPORT COMMONS APARTMENTS, L.L.C.



Principal Place of Business

5525 S.W. 41ST STREET, #125
PEMBROKE PINES FL 33023

Mailing Address

5525 S.W. 41ST STREET, #125
PEMBROKE PINES FL 33023

2. Principal Place of Business

5525 SW 41ST ST

3. Mailing Address

5525 SW 41ST ST

Suite, Apt. #, etc.

#125

Suite, Apt. #, etc.

#125

City & State

PEMBROKE PARK FL

City & State

PEMBROKE PARK FL

Zip

33023

Country

USA

Zip

33023

Country

USA

4. FEI Number

36-4576507

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.
FEINBERG & MAIDENBAUM
4000 HOLLYWOOD BLVD., SUITE 350-N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

FRANK ROSEN

Street Address (P.O. Box Number is Not Accepted)

5525 SW 41ST ST #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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/23/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
FRANK ROSEN
5525 SW 41ST ST #125
PEMBROKE PARK FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 5/23/06 9549130542