

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000074812**



1. Entity Name

APARTMENTS UNLIMITED LLC

Principal Place of Business

3426 LAKEVIEW BLVD  
DELRAY BEACH FL 33445  
US

Mailing Address

3426 LAKEVIEW BLVD  
DELRAY BEACH FL 33445  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

20-3250572

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDERKAY, ROBERT H  
3426 LAKEVIEW BLVD  
DELRAY BEACH FL 33445

Name

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

City

**FL**

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM ☐ Delete  
NAME: VANDERKAY, ROBERT H  
STREET ADDRESS: 3426 LAKEVIEW BLVD  
CITY-STATE-ZIP: DELRAY BEACH FL 33445

TITLE: MGR ☐ Delete  
NAME: ROSS, JENNIFER  
STREET ADDRESS: 3884 NW 3RD PLACE  
CITY-STATE-ZIP: DEERFIELD BEACH FL 33442

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

10. ADDITIONS / CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: 000000738348  
CITY-STATE-ZIP: 05/11/07-80063-021 50.00

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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:

*R. H. Vanderkay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-29-07 561-496-5452  
Date Daytime Phone #