

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000227

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: FALCON LAKE APARTMENTS, LLC

**Current Principal Place of Business:**

1951 N.W. 19TH STREET, STE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1951 N.W. 19TH STREET, STE 200  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-4035620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GERSON, GARY N  
1645 PALM BCH LAKES BLVD., STE. 1200  
WEST PALM BEACH, FL 33401 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: M ( ) Delete  
Name: FALCON RESIDENTIAL D, DEVELOPMENT LLC  
Address: 1951 NW 19TH STREET SUITE 200  
City-St-Zip: BOCA RATON, FL 33431

Title: M (X) Delete  
Name: EVASIUS, JOHN  
Address: 1951 NW 19TH STREET SUITE 200  
City-St-Zip: BOCA RATON, FL 33431

Title: M (X) Delete  
Name: RABINOWITZ FAMILY LT, D PARTNERSHIP  
Address: 1951 NW 19TH STREET SUITE 200  
City-St-Zip: BOCA RATON, FL 33431

Title: M (X) Delete  
Name: ANTENUCCI, ALBO J JR  
Address: 1951 NW 19TH STREET SUITE 200  
City-St-Zip: BOCA RATN, FL 33431

**ADDITIONS/CHANGES:**

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

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

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: ARTHUR FALCONE

M

04/29/2008

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