

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 27 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L93000000101

LAKEVIEW APARTMENTS, L.C.
1915 LAVERS CIRCLE
SUITE E-105
DELRAY BEACH FL 33445

1a. Principal Place of Business Address

1915 LAVERS CIRCLE
SUITE E-105
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

03/18/1993

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0397228

6. Date of Last Report

6. Certificate of Status Desired

02/21/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

BRASS, ALAN
8181 WEST BROWARD BLVD.
SUITE 350
PLANTATION FL 33324

Name

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

Suite, Apt. #, etc.

City

700002511727-5
-05/05/98-01120-006
****188.75 ****188.75
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

M

PALEV CORPORATION,

4036 ST. CATHERINE ST. WES

MONTREAL, QUEBEC, CA

M

JABAG HOLDINGS INC. ,

4036 ST. CATHERINE ST. WES

MONTREAL, QUEBEC, CA

M
MGR

KLEIMAN, DAN

1915 LAVERS CIRCLE, SUITE

DELRAY BEACH FL

M

ALPER, HANNAH

1915 LAVERS CIRCLE, SUITE

DELRAY BEACH FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

561-272-4126

dec