

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90287 016 \*\*\*\*50.00

**DOCUMENT # L96000000731**

1. Entity Name  
**TAHITI GARDENS APARTMENTS, LIMITED COMPANY**



Principal Place of Business  
**C/O J.D.M. MANAGEMENT, INC.  
4300 NORTH UNIVERSITY DRIVE, STE B-104  
LAUDERHILL, FL 33351**

Mailing Address  
**C/O J.D.M. MANAGEMENT, INC.  
F 200  
LAUDERHILL, FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**IDM Management, Inc.**

Suite, Apt. #, etc.  
**IDM Management, Inc.**

**11308 E. Hallandale Beach Blvd.  
Hallandale, FL 33009**

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Hallandale, FL 33009**

05262004 Chg-LLC CR2E083 (10/03)

File Number  
**65-0684163**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, NORMAN T ESQ  
50 WEST MASHTA DRIVE, SUITE #4  
KEY BISCAIYNE, FL 33149**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WEISS, MORDCHAI  
21 OLD POND ROAD  
GREAT NECK, NY 11023**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/26/04

954 4559068