

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L96000000731

1. Entity Name  
TAHITI GARDENS APARTMENTS, LIMITED COMPANY



Principal Place of Business  
C/O IDM MANAGEMENT, INC.  
1130B HALLENDALE BEACH BLVD  
HALLANDALE, FL 33009

Mailing Address  
C/O IDM MANAGEMENT, INC.  
1130B HALLENDALE BEACH BLVD  
HALLANDALE, FL 33009

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**



01182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0684163

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000232066  
04/26/05-80044-009 50.00

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IN THIS SPACE**

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:** *Mordchai Weiss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #