2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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1. Entity Name
TAHITI GARDENS APARTMENTS, LIMITED COMPANY

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

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01172006 No Chg-LLC CR2E083 (11/05)

4. FEI 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 BISCAYNE, FL 33149

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

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05/03/06-80079-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] managing member 4/10/06 954 455 9018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #