


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L99000003703</b><br>1. Entity Name<br><b>ARVILLA APARTMENTS, L.C.</b> |  |
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|---|---|
| Principal Place of Business<br><b>1300 COLLINS AVENUE<br/>100<br/>MIAMI BEACH, FL 33139</b> | Mailing Address<br><b>1300 COLLINS AVENUE<br/>100<br/>MIAMI BEACH, FL 33139</b> |
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| <b>DO NOT WRITE IN THIS SPACE</b> |
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03182005No Chg-LLC

CR2E083 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0094788</b> | Applied For<br>Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br><b>SCHLESSER, MELVYN<br/>1300 COLLINS AVE #100<br/>MIAMI BEACH, FL 33139</b> |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_  
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<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | MGR<br>SCHLESSER, MELVYN<br>1300 COLLINS AVE #00<br>MIAMI BEACH, FL 33139 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | MGRM<br>LEEDS, ARTHUR<br>215 W. 83 ST.<br>NEW YORK, NY 10024              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | MGRM<br>GERSHOR, ROBERT<br>315 W. 55 ST.<br>NEW YORK, NY 10019            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | MGRM<br>GENSHON, MELVIN<br>315 W. 55 ST.<br>NEW YORK, NY 10019            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |

|   |
|---|
| <p>000000270860<br/>03/21/05-80025-010 50.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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)(f), 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:  **3/18/05 305-531-3155**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #