

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000006495

1. Entity Name
SHERIDAN EAST APTS, LLC



Principal Place of Business
701 NW 62 AVENUE, SUITE 110
MIAMI, FL 33126

Mailing Address
701 NW 62 AVENUE, SUITE 110
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE



01262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0973264

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADLER, KARL W
1700 NORTHEAST 26TH STREET #4
FT. LAUDERDALE, FL 33305

**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 MGR
NAME ADLER, KARL W
STREET ADDRESS 1700 NORTHEAST 26TH STREET #4
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE MGR
NAME CACICEDO, RAMON
STREET ADDRESS 701 NW 62 AVENUE, SUITE 110
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/01/05-80064-016 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: _____

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

JOSE A. GONZALEZ

1-27-05

Date

Daytime Phone #