

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90017 003 ****50.00

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04182005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M00000000807 1. Entity Name ELSTON/LEETSDALE, LLC					
Principal Place of Business 1200 BRICKELL AVENUE, STE 1500 MIAMI, FL			Mailing Address 1200 BRICKELL AVENUE, STE 1500 MIAMI, FL		
2. Principal Place of Business 801 Arthur Godfrey Road		3. Mailing Address 801 Arthur Godfrey Road			
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600			
City & State Miami Beach, Florida		City & State Miami Beach, Florida			
Zip 33140	Country USA	Zip 33140	Country USA	4. FEI Number 36-4310530	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEARCE, PAM 801 ARTHUR GODFREY ROAD STE 600 MIAMI BEACH, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALM/JOHNSON MANAGER, INC. 1200 BRICKELL AVENUE, STE 1500 MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BITTEL STEPHEN 1200 BRICKELL AVE STE 1500 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Palm/Johnson Manager, Inc. 801 Arthur Godfrey Road, Ste. 600 Miami Beach, Florida 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bittel, Stephen H. 801 Arthur Godfrey Road, Ste. 600 Miami Beach, Florida 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Stephen H. Bittel, Mgr.					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					