

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90073 006 \*\*\*\*50.00

**DOCUMENT # M01000000279**

1. Entity Name  
SOUTHERN GARDENS AT BRADENTON, L.L.C.



Principal Place of Business  
2 N. LASALLE ST., STE. 1901  
CHICAGO, IL 60602

Mailing Address  
2 N. LASALLE ST., STE. 1901  
CHICAGO, IL 60602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
36-4412293

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME BRADENTON FLORIDA ASSOCIATES LIMITED PART  
STREET ADDRESS 2 N. LASALLE ST., STE. 275  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE ☒ Change ☐ Addition  
NAME Suite 725  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME BRADENTON FLORIDA ASSOCIATES LLC  
STREET ADDRESS 2 N. LASALLE ST., STE. 275  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE ☒ Change ☐ Addition  
NAME Suite 725  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME KARKOMI, ZEV  
STREET ADDRESS 2 N. LASALLE ST., STE. 275  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE ☒ Change ☐ Addition  
NAME Suite 725  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**Bradenton Florida Associates Limited Partnership**

By: **Bradenton Florida Associates, L.L.C.**

**SIGNATURE:**

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

**Zev Karkomi, Manager**

Date

Daytime Phone #

**312/855-**

**0930**

1-20-04