

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000461582

**Entity Name:** HEF FEDERAL APARTMENTS, LLC**Current Principal Place of Business:**437 SW 4TH AVE  
SUITE 101  
FT. LAUDERDALE, FL 33315**Current Mailing Address:**437 SW 4TH AVE  
SUITE 101  
FT. LAUDERDALE, FL 33315 US**FEI Number:** 87-3361988**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ENGLISH, TAM A  
437 SW 4TH AVE  
SUITE 101  
FT. LAUDERDALE, FL 33315 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name HOUSING ENTERPRISES OF FLORIDA, INC.  
Address 437 SW 4TH AVE  
SUITE 101  
City-State-Zip: FT. LAUDERDALE FL 33315

Title MANAGER, VP, SECRETARY  
Name ENGLISH, TAM A  
Address 437 SW 4TH AVE  
SUITE 101  
City-State-Zip: FT. LAUDERDALE FL 33315

Title MANAGER  
Name FERREIRA, MARCO  
Address 437 SW 4TH AVE  
SUITE 101  
City-State-Zip: FT. LAUDERDALE FL 33315

Title MANAGER, PRESIDENT  
Name TRANAKAS, NICHOLAS DR.  
Address 437 SW 4TH AVE  
SUITE 101  
City-State-Zip: FT. LAUDERDALE FL 33315

Title MANAGER, TREASURER  
Name TADROS, MICHAEL  
Address 437 SW 4TH AVE  
SUITE 101  
City-State-Zip: FT. LAUDERDALE FL 33315

Title MANAGER  
Name KAYE, JASON  
Address 437 SW 4TH AVE  
SUITE 101  
City-State-Zip: FT. LAUDERDALE FL 33315

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TAM A ENGLISH

VICE PRESIDENT

04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date