


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -6 AM 11:39

DOCUMENT # L03000037170 1. Entity Name BAHIA HONDA REAL ESTATE INVESTMENTS VII, L.L.C.	
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Principal Place of Business % A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	Mailing Address % A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175
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2. Principal Place of Business 4000 Ponce de Leon Suite, Apt. #, etc. Suite 770 City & State Coral Gables, FL Zip 33146 Country USA	3. Mailing Address 4000 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 770 City & State Coral Gables, FL Zip 33146 Country USA
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06292005 Chg-LLC CR2E083 (10/03)	Applied For Not Applicable
4. FEI Number 20-0277976 20-0277363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	7. Name and Address of New Registered Agent Name A.M. Rojas, P.A. Street Address (P.O. Box Number is Not Acceptable) 1985 NW 80 COURT Suite 201 City Miami FL Zip Code 33172
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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] (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete BAHIA HONDA REAL ESTATE INVESTMENTS VII, I 2450 SW 137TH AVE., SUITE 228 MIAMI, FL 33175	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP 4000 Ponce de Leon Blvd, Suite 770 Coral Gables, FL 33146
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 300059543493 09/12/05--01068--014 **50.00	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
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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)(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] Date _____ Daytime Phone # _____

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