


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90361 019 \*\*\*\*50.00

**DOCUMENT # L04000016147**

1. Entity Name  
 14 EAST HIALEAH APARTMENTS, LLC



Principal Place of Business  
 C/O RIS  
 201 S. BISCAYNE BLVD., SUITE 1500  
 MIAMI, FL 33131

Mailing Address  
 C/O RIS  
 201 S. BISCAYNE BLVD., SUITE 1500  
 MIAMI, FL 33131

40075082



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 7207 SW 24 street

Suite, Apt. #, etc.

04132007 Chg-LLC CR2E083 (12/06)

City & State  
 Miami, Florida

4. FEI Number  
 20-0829692

Applied For  
 Not Applicable

Zip  
 33155

Country  
 USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION COMPANY OF MIAMI  
 C/O RIS  
 201 S. BISCAYNE BLVD., SUITE 1500  
 MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ JR, JOSE M 647 ESCOBAR AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, SELINA 1317 MAJESTY TERRACE WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONCEPCION, MARIA A 2031 COUNTRY CLUB PRADO CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alvarez, Selina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 903 Escobar Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Concepcion, Maria <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 Santa Maria Street Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sergio Concepcion 4/14/07 305-267-0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #