


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000016149
 1. Entity Name
 14 WEST 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
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01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0829738	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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2006

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

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 04/21/06-80009-014 50.00

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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 of justice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Sergio Concepcion 4/3/06 305-267-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #