

**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



01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0829738

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

180000495404
04/21/06-80009-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Sergio Concepcion

Date

4/3/06

Daytime Phone #

305-267-0200