


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90272 021 ****50.00

DOCUMENT # L05000020627

1. Entity Name
HIALEAH LAKES OFFICE PARK I & J, LLC



Principal Place of Business
 13990 SW 97TH AVENUE
 MIAMI, FL 33176 US

Mailing Address
 13990 SW 97TH AVENUE
 MIAMI, FL 33176 US

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
 262 Atlantic Ave
 Suite, Apt. #, etc.

City & State
 Sunny Isle Beach FL

Zip
 33160

Country
 U.S.A

30004544



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 57-1226916

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PASCUAL, ADALBERTO
 13990 SW 97TH AVENUE
 MIAMI, FL 33176

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

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDAQ HIALEAH LAKES OFFICE, LLC			NAME			
STREET ADDRESS	13990 SW 97TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASF PROPERTIES, LLC			NAME			
STREET ADDRESS	262 ATLANTIC ISLE			STREET ADDRESS			
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	K15, LLC			NAME			
STREET ADDRESS	1681 NW 97TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	DORAL, FL 33172			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 _____