

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122083

FILED
Sep 06, 2006
Secretary of State

Entity Name: THE LOST CITY APARTMENTS 22 LLC

Current Principal Place of Business:

801 BRICKELL AVE., STE. 1580
MIAMI, FL 33131

New Principal Place of Business:

1110 BRICKELL AVENUE, SUITE 310
MIAMI, FL 33131

Current Mailing Address:

801 BRICKELL AVE., STE. 1580
MIAMI, FL 33131

New Mailing Address:

1110 BRICKELL AVENUE, SUITE 310
MIAMI, FL 33131

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NS CORPORATE SERVICES INC.
801 BRICKELL AVE., STE. 1580
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

NS CORPORATE SERVICES INC.
1110 BRICKELL AVENUE, SUITE 310
MIAMI, FL 33131 US

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.

SIGNATURE: _____

09/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRICE, KELLIE
Address: 801 BRICKELL AVE., STE. 1580
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRICE, KELLIE
Address: 1110 BRICKELL AVENUE, SUITE 310
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KELLIE PRICE

MGR

09/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date