

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90064 040 ***138.75

DOCUMENT # L06000013444

1. Entity Name
ESTATES BY THE FALLS, LLC



Principal Place of Business
407 LINCOLN ROAD, SUITE 502
MIAMI BEACH, FL 33139

Mailing Address
407 LINCOLN ROAD, SUITE 502
MIAMI BEACH, FL 33139

60007853



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

3. Mailing Address
407 LINCOLN RD

Suite, Apt. #, etc.
PH-N

Suite, Apt. #, etc.
PH-N

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33139

Country

Zip
33139

Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4263633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL FL331-34

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, ANGEL 407 LINCOLN RD., SUITE 502 MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, ANGEL E. 407 LINCOLN RD PH-N MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNOZ, GONZALO TWO ALHAMBRA PLAZA, PENTHOUSE 1-B CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 LINCOLN RD PH-N MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Angel E. Torres **ANGEL E. TORRES** 2/11/08 (305) 672-0205

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