

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013444

FILED
Jan 06, 2009
Secretary of State

Entity Name: ESTATES BY THE FALLS, LLC

Current Principal Place of Business:

407 LINCOLN ROAD PH-N
MIAMI BEACH, FL 33139

New Principal Place of Business:

407 LINCOLN ROAD
PH-N
MIAMI BEACH, FL 33139

Current Mailing Address:

407 LINCOLN ROAD PH-N
MIAMI BEACH, FL 33139

New Mailing Address:

407 LINCOLN ROAD
PH-N
MIAMI BEACH, FL 33139

FEI Number: 20-4263633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL FL33134 US

Name and Address of New Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL FL33134 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:

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TORRES, ANGEL
Address: 407 LINCOLN ROAD PH-N
City-St-Zip: MIAMI, FL 33134

Title: MGR () Delete
Name: MUNOZ, GONZALO
Address: 407 LINCOLN ROAD PH-N
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: A. TORRES

MGR

01/06/2009

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