

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90352 037 *****50.00

DOCUMENT # L03000032669

1. Entity Name
DADELAND BREEZES APARTMENTS, LLC



Principal Place of Business
~~7701 NORTH KENDALL DR.~~
~~MIAMI, FL 33176~~

Mailing Address
~~7701 NORTH KENDALL DR.~~
~~MIAMI, FL 33176~~

4535 Ponce De Leon Blvd. (Same)
~~Coral Gables, FL 33146~~

24050267

2. Principal Place of Business
~~Coral Gables, FL 33146~~

3. Mailing Address
 4535 Ponce de Leon Blvd.

Suite, Apt. #, etc.
 Suite, Apt. #, etc.



City & State
~~Coral Gables, FL~~

City & State
Coral Gables, FL

Zip Country
~~33146~~

Zip Country
33146

04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0226074**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~MARIA FERNANDEZ VALLE, ESQ.~~
~~10570 NW 27 ST., UNIT 103~~
~~MIAMI, FL 33172~~

7. Name and Address of New Registered Agent

Name **Carlos E. Padron**

Street Address (P.O. Box Number is Not Acceptable)
2 Alhambra Plaza, Suite 860

City **Coral Gables** FL Zip Code **33134**

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 **4/7/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASQUEZ, OSMARA 7701 NORTH KENDALL DR. MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRODEGUAS, VICENTE 7701 NORTH KENDALL DR. MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dadeland Breezes Partners, LLC 4535 Ponce de Leon Boulevard Coral Gables, Florida 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4/14/04** (305) 740-0819

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