

**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~~

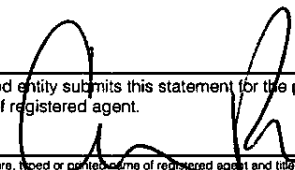
7. Name and Address of New Registered Agent

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)

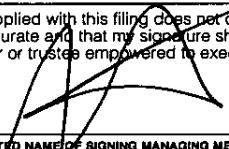
**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

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

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