


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90019 001 \*\*\*\*50.00

|  |                                      |                     |   |   |          |
|--|--------------------------------------|---------------------|---|---|----------|
| <b>DOCUMENT # L03000032669</b><br>1. Entity Name<br>DADELAND BREEZES APARTMENTS, LLC   |                                      |                     |   |  |          |
| Principal Place of Business<br>4535 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33146  |                                      |                     | Mailing Address<br>4535 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33146 |   |          |
| 2. Principal Place of Business   |                                      | 3. Mailing Address  |   |   |          |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |   |   |          |
| City & State   |                                      | City & State        |   |   |          |
| Zip  | Country                              | Zip                 | Country   | 03292006    Chg-LLC    CR2E083 (11/05)  |          |
| 6. Name and Address of Current Registered Agent  |                                      |                     |   | 7. Name and Address of New Registered Agent                                       |          |
| PADRON, CARLOS E<br>2 ALHAMBRA PLAZA, SUITE 860<br>CORAL GABLES, FL 33134  |                                      |                     |   | Name  |          |
|  |                                      |                     |   | Street Address (P.O. Box Number is Not Acceptable)                                |          |
|  |                                      |                     |   | City  |          |
|  |                                      |                     |   | <b>FL</b>   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                      |                     |   |   |          |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                      |                     | <b>Make check payable to<br/>Florida Department of State</b>          |   |          |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES   |   |          |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   | DADELAND BREEZES PARTNERS, LLC       |                     | NAME  |   |          |
| STREET ADDRESS   | 4535 PONCE DE LEON BLVD              |                     | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  | CORAL GABLES, FL 33146               |                     | CITY-ST-ZIP   |   |          |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   |                                      |                     | NAME  |   |          |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP   |   |          |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   |                                      |                     | NAME  |   |          |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP   |   |          |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   |                                      |                     | NAME  |   |          |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP   |   |          |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   |                                      |                     | NAME  |   |          |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP   |   |          |
| 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. |                                      |                     |   |   |          |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                      |                     | Date: <u>4-25-06</u> Daytime Phone #: _____                           |   |          |