


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90031 010 ****50.00

DOCUMENT # M02000003089 1. Entity Name AMB CODINA BEACON LAKES, LLC	
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Principal Place of Business 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134	Mailing Address 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 68-0530000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COBB, KOLLEEN O.P. ESQ.
355 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAWDL LTD. <i>FEC Lakes, LLC</i> 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134
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**DO NOT WRITE
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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: *Kolleen O.P. Cobb* Kolleen O.P. Cobb
Vice President
4/23/06 305-520-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #