

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000121537

FILED
Aug 30, 2006
Secretary of State**Entity Name:** 8240 BYRON APARTMENTS "LLC"**Current Principal Place of Business:**8240 BYRON AVE
09
MIAMI, FL 33141**New Principal Place of Business:****Current Mailing Address:**8240 BYRON AVE
09
MIAMI, FL 33141**New Mailing Address:****FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MALVICINO, MARCELO
8240 BYRON AVE
09
MIAMI, FL 33141 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: SCHILLIZZI, SUSANA
Address: 8240 BYRON AVE SUITE #09
City-St-Zip: MIAMI, FL 33141**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: RODRIGUEZ, CARLOS
Address: 8240 BYRON AVE SUITE #09
City-St-Zip: MIAMI, FL 33141**Title:** MGR () Change (X) Addition
Name: SCHILLIZZI, SUSANA
Address: 8240 BYRON AVE SUITE #09
City-St-Zip: MIAMI, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSANA SCHILLIZZI MGR 08/30/2006

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