# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 23, 2007 8:00 am**
**Secretary of State**
04-23-2007 90361 017 ****50.00

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DOCUMENT # L04000016149

1. Entity Name
14 WEST HIALEAH APARTMENTS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| C/O RIS<br>201 S. BISCAYNE BLVD., SUITE 1500<br>MIAMI, FL 33131 | C/O RIS<br>201 S. BISCAYNE BLVD., SUITE 1500<br>MIAMI, FL 33131 |

04132007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| | 7209 SW 24th Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: Miami, Florida |
| Zip / Country | Zip: 33155 / Country: USA |

4. FEI Number: 20-0829738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPORATION COMPANY OF MIAMI<br>C/O RIS<br>201 S. BISCAYNE BLVD., SUITE 1500<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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
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, 2007**

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

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ALVAREZ JR, JOSE A<br>647 ESCOBAR AVENUE<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ALVAREZ, SELINA<br>1317 MAJESTY TERRACE<br>WESTON, FL 33327 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Alvarez, Selina<br>903 Escobar Avenue<br>Coral Gables, Fl 33134 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>CONCEPCION, MARIA A<br>2031 COUNTRY CLUB PRADO<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Concepcion, Maria<br>4300 Santa Maria Street<br>Coral Gables, Fl 33146 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Sergio Concepcion 4/16/07 305-267-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #