
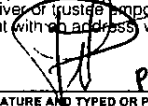


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 769570</b>					
1. Entity Name <b>LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "B" ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MIAMI MANAGEMENT, INC 14275 SW 142 AVE MIAMI, FL 33186 US</b>			Mailing Address <b>C/O MIAMI MANAGEMENT, INC 14275 SW 142 AVE MIAMI, FL 33186 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2314399</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TRIAI, CARLOS 13570 NW 27TH STREET SUITE 103 MIAMI, FL 33172</b>			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 _____ <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 \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINTERO, BEATRIZ</b>			NAME	
STREET ADDRESS	<b>9707 HAMMOCKS BLVD #N-208</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>			CITY-ST-ZIP	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAAVEDRO, PEDRO</b>			NAME	
STREET ADDRESS	<b>8407 SW 137 AVENUE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33183</b>			CITY-ST-ZIP	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEFTWICH, JED</b>			NAME	
STREET ADDRESS	<b>9707 HAMMOCKS BLVD #N107</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>			CITY-ST-ZIP	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUAJOES, CESAR</b>			NAME	
STREET ADDRESS	<b>9703 HAMMOCKS BLVD, #P103</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>			CITY-ST-ZIP	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, RUSSELL</b>			NAME	
STREET ADDRESS	<b>9723 HAMMOCKS BLVD #N-107</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>			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	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b>				<b>PEDRO SAAVEDRA, PRES</b>	
				Date: <b>1-28-08</b> Daytime Phone #: <b>(305) 378 050</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



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