

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

04 APR 28 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # L00000012370

1. Entity Name
CAMBRIDGE APARTMENTS, LLC



Principal Place of Business 9657 S.W. 124TH ST. MIAMI, FL 33176	Mailing Address 1000 PONCE DE LEON BLVD., #314 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1047419	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

**BOLANOS, JOSE A
2121 PONCE DE LEON BLVD., STE. 600
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, 2004**

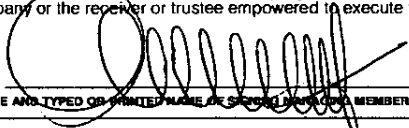
**200034804702
04/30/04--01018--004 **50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTOLONGO, ARMANDO O 9657 SW 124 STREET MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____

Date: **4/29/04** Daytime Phone #: **205-644-7602**

SIGNATURE AND TYPED OR PRINTED NAME OF SPECIAL AGENT, MEMBER, OR AUTHORIZED REPRESENTATIVE