


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L0000012370 1. Entity Name CAMBRIDGE APARTMENTS, LLC	
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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**



04222005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-1047419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ 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, 2005**

L0000012370  
 04/25/05-80138-015 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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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:** ARMANDO SOTOLONGO      4/25/05      305.550-7662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #