


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000012370 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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FILED

2006 APR 27 P 2: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032006No Chg-LLC CR2E083 (11/05)

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
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

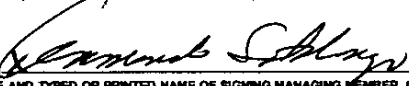
**Filing Fee is \$50.00
Due by May 1, 2006**

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 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:  4/26/06 305-442-602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #