

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90078 028 \*\*\*\*50.00

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<b>DOCUMENT # L00000012370</b> 1. Entity Name <b>CAMBRIDGE APARTMENTS, LLC</b>					
Principal Place of Business <b>9657 S.W. 124TH ST. MIAMI, FL 33176</b>			Mailing Address <b>1000 PONCE DE LEON BLVD., #314 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # <b>7245 S.W. 87 Ave</b>			3. Mailing Address 		
Suite, Apt. #, etc. <b>100</b>			Suite, Apt. #, etc. 		
City & State <b>Miami, Florida</b>			City & State 		
Zip <b>33173</b>		Country 		Zip 	
Country 		Country 		4. FEI Number <b>65-1047419</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BOLANOS, JOSE A 2121 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name 	
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.				Street Address (P.O. Box Number is Not Acceptable) 	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR SOTOLONGO, ARMANDO O 9657 SW 124 STREET MIAMI, FL 33176</b>		<input type="checkbox"/> Delete		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR SOTOLONGO, ARMANDO O 7245 SW 87 AVE-SUITE 100 MIAMI, FL 33173</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Jose R Bolanos</u> <b>4/27/2007</b> <b>305-567-0424</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					