


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012370 1. Entity Name CAMBRIDGE APARTMENTS, LLC	
---	---

FILED
 08 APR 25 PM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 7245 SW 87TH AVE SUITE 100 MIAMI, FL 33173	Mailing Address 1000 PONCE DE LEON BLVD., #314 CORAL GABLES, FL 33134
---	---



DO NOT WRITE IN THIS SPACE

03052008 No Chg-LLC	CR2E083 (12/07)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	SOTOLONGO, ARMANDO O
STREET ADDRESS	7245 SW 87TH AVE SUITE 100
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600125779086

04/25/08--01007--014 **138.75

DO NOT WRITE
 IN THIS SPACE

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:  Armando O. Sotolongo 3/20/08

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