
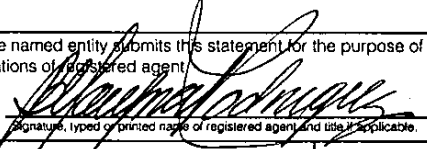



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90351 037 \*\*\*\*50.00

|  |  |                                 |   |   |  |
|--|--|---------------------------------|---|---|--|
| <b>DOCUMENT # L01000002371</b>   |  |                                 |   |  |  |
| <b>1. Entity Name</b><br>JMB APARTMENTS, LLC   |  |                                 |   |   |  |
| <b>Principal Place of Business</b><br>5511 S.W. 132 AVE.<br>MIAMI, FL 33175  |  |                                 | <b>Mailing Address</b><br>5511 S.W. 132 AVE.<br>MIAMI, FL 33175 |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>       |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |   |   |  |
| City & State   |  | City & State                    |   |   |  |
| Zip  | Country  | Zip                             | Country   | <b>4. FEI Number</b><br>65-1122492  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |                                 |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>DIAZ CORDERO, ANA<br>9485 SUNSET DR., STE. A-292<br>MIAMI, FL 33173  |  |                                 |   | <b>7. Name and Address of Now Registered Agent</b>                                |  |
| Name   |  |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
| City   |  |                                 |   | FL Zip Code   |  |
| <b>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.</b>  |  |                                 |   |   |  |
| SIGNATURE    |  |                                 |   | DATE <u>3/1/05</u>  |  |
| (NOTE: Registered Agent signature required when reinstating)   |  |                                 |   | Filing Fee is \$50.00 Due by May 1, 2005  |  |
| Make check payable to Florida Department of State  |  |                                 |   | 9. MANAGING MEMBERS/MANAGERS  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>RODRIGUEZ, BLANCA MARYNA<br>5511 S.W. 132 AVE.<br>MIAMI, FL 33175 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>RODRIGUEZ, JORGE<br>5511 S.W. 132 AVE.<br>MIAMI, FL 33175         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>RODRIGUEZ, BENJAMIN<br>5511 S.W. 132 AVE.<br>MIAMI, FL 33175      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |  |                                 |   |   |  |
| <b>SIGNATURE:</b>   |  |                                 |   | DATE <u>3/1/05</u>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                                 |   | Daytime Phone #   |  |