## ~ 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE

STREET ADDRESS CITY-ST-ZIP

## May 04, 2005 08:00 AM Secretary of State **DOCUMENT # L01000007567** LIZY APARTMENTS, L.L.C.-Principal Place of Business Mailing Address 3901 SW 112TH AVE. 3901 SW 112TH AVE. APT. 18 MIAMI, FL APT. 18 MIAMI, FL 04282005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1922391 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORRA, EGBERT A DO NOT WRITE 7390 SW 154TH TERR MIAMI, FL 33157 IN THIS SPACE 5. 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. Signature, tyged or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE GORRA, EGBERT A NAME STREET ADDRESS 7390 SW 154 TERRACE MIAMI, FL 33157 CITY-ST-ZIP U00000361044 05/05/05-80061-005 50.00 NAME STREET ADDRESS CSTY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TURE:

SIGNATURE AND CAPED OR DESIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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