

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90189 009 ***138.75

DOCUMENT # L02000002496
 1. Entity Name
 MIAMI APARTMENT BUILDING INVESTORS, L.L.C.



Principal Place of Business Mailing Address
 1395 BRICKELL AVENUE 1395 BRICKELL AVENUE
 SUITE 900 SUITE 900
 MIAMI, FL 33131 MIAMI, FL 33131

60042241



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 370 Minorca Ave 370 Minorca Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State City & State
 Coral Gables FL Coral Gables FL
 33134 USA 33134 USA

4. FEI Number Applied For
 47-0849099 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BERRIOS, XIMENA B
 1395 BRICKELL AVENUE
 SUITE 900
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 370 Minorca Ave
 City Coral Gables FL Zip Code 33134

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 *Ximena Berrios* DATE 4-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLY, WILLIAM H 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE: 4/24/08 305 777-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Overtime Phone #