

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004203

FILED
Jan 13, 2005
Secretary of State

Entity Name: ABEL HOMES AT CAMBRIDGE ESTATES, L.L.C.

Current Principal Place of Business:

27952 SW 136 PLACE
MIAMI, FL 33033

New Principal Place of Business:

9240 SW SUNSET DRIVE
202
MIAMI, FL 33173

Current Mailing Address:

P.O. BOX 652107
MIAMI, FL 33265

New Mailing Address:

P.O. BOX 652107
MIAMI, FL 33265 US

FEI Number: 03-0431029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, GUILLERMO
9240 SW SUNSET DRIVE
202
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

PEREZ, GUILLERMO ESQ.
9240 SW SUNSET DRIVE
202
MIAMI, FL 33173 US

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.

SIGNATURE: GUILLERMO PEREZ

01/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ABEL HOMES, LLC,
Address: PO BOX 652107
City-St-Zip: MIAMI, FL 332652107

Title: MGR (X) Delete
Name: LAM PROPERTIES, INC.,
Address: 9240 SW 72 STREET STE 202
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AMADOR, ABEL
Address: P.O. BOX 652107
City-St-Zip: MIAMI, FL 33265 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ABEL AMADOR

MGR

01/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date