FILED
Apr 28, 2003 8:00 am
Secretary of State

04-07-2003 90002 012 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010791

1. Entity Name
676 APARTMENTS LLC

Principal Place of Business	Mailing Address
168 SE 1ST STREET #805 MIAMI FL 33131	168 SE 1ST STREET #805 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
14 NE 1ST Avenue	14 NE 1ST Avenue
Suite, Apt. #, etc. #907	Suite, Apt. #, etc. #907
City & State Miami, FL	City & State Miami, FL
Zip 33132 Country USA	Zip 33132 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3666453 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHERMAN, BRYAN 168 SE 1ST STREET #805 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 [signature] President - Bryan Sherman 4/23/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bryan Sherman 14 NE 1ST Avenue #907 MIAMI FL 33132 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bryan Sherman 14 NE 1ST Avenue #907 MIAMI FL 33132 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President LUNA ALBALAH 14 NE 1ST Avenue #907 MIAMI FL 33132 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President LUNA ALBALAH 14 NE 1ST Avenue #907 MIAMI FL 33132 ☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED [signature] Bryan Sherman President 4/23/03 3059928815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #