2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024539

1. Entity Name
BACA AT OVERLOOK, LLC

Principal Place of Business	Mailing Address
801 NW 47AVE OFFICE MIAMI, FL 33125	6333 SUNSET DRIVE SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

02082005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-0805448		Not Applicable

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

6. Name and Address of Current Registered Agent

SALAS, RAUL ESQ
SALAS, EDE, PETERSON & LAGE, L.L.C.
6333 SUNSET DRIVE
SOUTH MIAMI, FL 33143

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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, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

02082005231989
02/16/05-80056-002 200.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SANCHEZ, ALVARO
STREET ADDRESS	6333 SUNSET DRIVE
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	D
NAME	SANCHEZ, BLANCA
STREET ADDRESS	4890 SW 85 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/15/05-80015-042 200.00

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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: *Alvaro Sanchez* ALVARO SANCHEZ, D 2/9/05 305-2199959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #