

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -6 AM 11:39

<b>DOCUMENT # L03000005307</b> 1. Entity Name <b>BAHIA HONDA REAL ESTATE INVESTMENTS V, L.L.C.</b>			
Principal Place of Business <del>% 2450 SW 137TH AVE., SUITE 221</del> <del>MIAMI, FL 33175</del>		Mailing Address <del>% 2450 SW 137TH AVE., SUITE 221</del> <del>MIAMI, FL 33175</del>	
2. Principal Place of Business <b>4000 Ponce de Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite 770</b> City & State <b>Coral Gables, FL</b> Zip <b>33146</b> Country <b>USA</b>		3. Mailing Address <b>4000 Ponce de Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite 770</b> City & State <b>Coral Gables, FL</b> Zip <b>33146</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent <del>AAA REGISTERED AGENT, INC.</del> <del>2450 SW 137TH AVE., SUITE 221</del> <del>MIAMI, FL 33175</del>		7. Name and Address of New Registered Agent Name <b>A.M. Rojas P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1985 NW 80 St</b> <b>Suite 201</b> City <b>Miami</b> FL Zip Code <b>33172</b>	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <del>MGRM</del> NAME <b>ADRIAN REAL ESTATE INVESTMENTS V, INC.</b> STREET ADDRESS <del>2450 SW 137TH AVE., SUITE 221</del> CITY-ST-ZIP <del>MIAMI, FL 33175</del>	<input type="checkbox"/> Delete	TITLE <b>MGRM</b> NAME <b>Bahia Honda Real Estate Investments V, LLC</b> STREET ADDRESS <b>4000 Ponce de Leon Blvd # 770</b> CITY-ST-ZIP <b>Coral Gables, FL 33146</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	