

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90194 021 \*\*\*\*50.00

**DOCUMENT # L03000010550**

1. Entity Name  
**NINA'S HIALEAH APARTMENTS, LLC**



Principal Place of Business  
**1355 WEST 44 PLACE, STE. 100  
HIALEAH, FL 33012**

Mailing Address  
**1355 WEST 44 PLACE, STE. 100  
HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**75-3116431**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SMITH, GARY V  
1230 NW 7 STREET  
MIAMI, FL 33125**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEVY, SAMUEL TRUSTEE
STREET ADDRESS	1355 WEST 44 PLACE, STE. 100
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-6-06**

Date

**305-825-1763**

Daytime Phone #