^2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State

DOCUMENT # L03000010553

CLEÁRVIEW HIALEAH APARTMENTS, LLC



Principal Place of Business

MIAMI, FL 33125

SIGNATURE:

Mailing Address

1355 WEST 44 PLACE, STE. 100 HIALEAH, FL 33012

1355 WEST 44 PLACE, STE. 100 HIALEAH, FL 33012



DO NOT WRITE IN THIS SPACE

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

01052005 No Chg-LLC

CR2E083 (10/03)

-892

Daytime Phone #

Date

4. FEI Number 75-3116427 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

SMITH, GARY V ESQ **1230 NW 7 STREET**

6. Name and Address of Current Registered Agent

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 (h		(NOTE Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, SAMUEL 1355 WEST 44 PLACE, STE. 100 HIALEAH, FL 33012		<u> </u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		E. <u>1888 E. C.</u> .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			