

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

02-13-2006 90194 020 ****50.00

DOCUMENT # L03000010553

1. Entity Name
CLEARVIEW 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**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3116427

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

385 825-1762

Daytime Phone #