


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

02-13-2006 90194 019 \*\*\*\*50.00

<b>DOCUMENT # L03000010554</b> 1. Entity Name <b>BELLA VISTA HIALEAH APARTMENTS, LLC</b>	
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Principal Place of Business <b>1355 WEST 44 PLACE, STE. 100 HIALEAH, FL 33012</b>	Mailing Address <b>1355 WEST 44 PLACE, STE. 100 HIALEAH, FL 33012</b>
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>75-3116438</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>SMITH, GARY V ESQ 1230 NW 7 STREET MIAMI, FL 33125</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**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
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>7-6-06</b> <small>Date</small>	<b>305-825-1763</b> <small>Daytime Phone #</small>
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