## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Secretary of State DOCUMENT # L03000010554 04-24-2007 90108 023 \*\*\*\*50.00 1. Entity Name BELLA VISTA HIALEAH APARTMENTS, LLC Principal Place of Business Mailing Address 1355 WEST 44 PLACE, STE, 100 1355 WEST 44 PLACE, STE, 100 30011224 HIALEAH, FL 33012 HIALEAH, FL 33012 CR2E083 (11/05) 01032007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3116438 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, GARY VESQ DO NOT WRITE **1230 NW 7 STREET** MIAMI, FL 33125 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. the obligations of register SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS MGRM TITLE LEVY, SAMUEL STREET ADDRESS 1355 WEST 44 PLACE, STE. 100 HIALEAH, FL 33012 CITY-ST-ZIP MGRM TITLE NAME LEVY, NINA 1355 WEST 44 PLACE, STE. 100 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-7IP 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 accordate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED Jun 25, 2007 8:00 am