


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000014417 1. Entity Name CONQUISTADOR APARTMENTS, LLC	
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Principal Place of Business 9150 SW 87TH AVENUE, STE. 205 MIAMI, FL 33176	Mailing Address 9150 SW 87TH AVENUE, STE. 205 MIAMI, FL 33176
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01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1753445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HALE, MICHAEL H 3250 MARY STREET, STE. 303 MIAMI, FL 33133
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROWARD MANAGEMENT, LLC 9150 SW 87TH AVENUE, STE. 205 MIAMI, FL 33176
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01/23/06-80024-025 50.00

**DO NOT WRITE
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

Date

Daytime Phone #

1/9/06 305-595-1518