

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017851

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: ABEL HOMES AT KEYS WINDS, LLC

## Current Principal Place of Business:

9240 S.W. SUNSET DRIVE  
202  
MIAMI, FL 33173 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 652107  
MIAMI, FL 33265 FL

## New Mailing Address:

FEI Number: 65-1214001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ABEL HOMES AT CAMBRIDGE ESTATES, L.L.C.  
9240 S.W. SUNSET DRIVE  
202  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

PEREZ, GUILLERMO ESQ.  
9240 S.W. SUNSET DRIVE  
202  
MIAMI, FL 33173 US

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.

SIGNATURE: GUILLERMO PEREZ, ESQ.

01/13/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: HOMES, ABEL  
Address: P.O. BOX 652107  
City-St-Zip: MIAMI, FL 33265 US

Title: MGR (X) Delete  
Name: LAM PROPERTIES, CORP. ,  
Address: 9240 SW 72 ST., STE. 202  
City-St-Zip: MIAMI, FL 33173 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: AMADOR, ABEL  
Address: P.O. BOX 652107  
City-St-Zip: MIAMI, FL 33265 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ABEL AMADOR

MGR

01/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date