

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-30-2004 90068 004 ****50.00

DOCUMENT # L03000018665					
1. Entity Name MAINLAND APTS 665, LLC					
Principal Place of Business 4225 W. 16 AVENUE HIALEAH, FL 33012			Mailing Address 4225 W. 16 AVENUE HIALEAH, FL 33012		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-2404448	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPETKO, MICHAEL 4225 W. 16 AVENUE HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 appointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Main check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HORN ALVAREZ, SANTIAGO 4225 WEST 16th Avenue Hialeah, FL 33012 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HORN SPETKO, MICHAEL 4225 WEST 16th Ave Hialeah, FL 33012 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Santiago Alvarez H. MBR.</i> SANTIAGO ALVAREZ H. MBR. 4-28-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					