2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000018665

1. Entity Name
MAINLAND APTS 665, LLC

Principal Place of Business	Mailing Address
4225 W. 16 AVENUE HIALEAH, FL 33012	4225 W. 16 AVENUE HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

04102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2404448

☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ALVAREZ, SANTIAGO
STREET ADDRESS	4225 WEST 16TH AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	MGRM
NAME	SPETKO, MICHAEL
STREET ADDRESS	4225 WEST 16TH AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/05/06-80114-002 50.00

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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.

SIGNATURE: _____ MICHAEL SPETKO 4/16/05 305 448-9339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #