


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90085 046 ****50.00

DOCUMENT # L03000018699	
1. Entity Name LAKES AT WELLEBY 320, LLC	

Principal Place of Business 701 BRICKELL AVENUE, SUITE 2280 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVENUE, SUITE 2280 MIAMI, FL 33131
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2. Principal Place of Business 1200 E Ponce de Leon Blvd Miami, FL 33134	3. Mailing Address 1200 E Ponce de Leon Blvd Miami, FL 33134
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03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number 27-0059235	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HERNANDEZ, OMAR MR. 701 BRICKELL AVENUE, SUITE 2280 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name <u>HERNANDEZ, OMAR A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 E. PONCE DE LEON Blvd.</u> City <u>MIAMI</u> FL <u>33134</u>	
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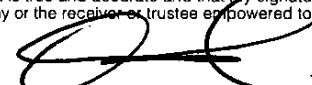
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, OMAR MR. 701 BRICKELL AVENUE, SUITE 2280 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 E Ponce de Leon Blvd. Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, ISMAEL DR. 701 BRICKELL AVENUE, SUITE 2280 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 E Ponce de Leon Blvd. Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		