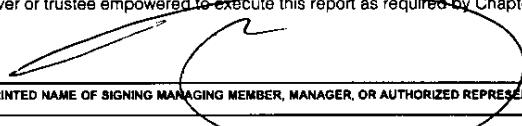


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 04, 2008 8:00 am
Secretary of State**

04-04-2008 90138 011 ***138.75

DOCUMENT # L03000022664					
1. Entity Name ROYALTON ON THE GREEN APARTMENTS, LLC					
Principal Place of Business 3211 PONCE DE LEON BLVD, STE. 301 CORAL GABLES, FL 33134		Mailing Address 3211 PONCE DE LEON BLVD, STE. 301 CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip Country			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
BARKER, REX M 3211 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134		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 <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> (NOTE: Registered Agent signature required when reinstating) <small>DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS					
10. ADDITIONS/CHANGES					
TITLE MGRM <input type="checkbox"/> Delete NAME CECIL, MILTON STREET ADDRESS 3211 PONCE DE LEON BLVD #301 CITY-ST-ZIP CORAL GABLES, FL 33134			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE MGRM <input type="checkbox"/> Delete NAME FRANK, MILTON STREET ADDRESS 3211 PONCE DE LEON BLVD #301 CITY-ST-ZIP CORAL GABLES, FL 33134			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE MGR <input type="checkbox"/> Delete NAME JOSEPH, MILTON STREET ADDRESS 3211 PONCE DE LEON BLVD #301 CITY-ST-ZIP CORAL GABLES, FL 33134			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE <input type="checkbox"/> Delete 			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE <input type="checkbox"/> Delete 			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE <input type="checkbox"/> Delete 			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3/25/08 Daytime Phone # 305-460-6300		