

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027938

1. Entity Name

ULISES APARTMENTS, L.L.C.



Principal Place of Business
1800 MERIDIAN AVENUE
MIAMI BEACH FL 33139

Mailing Address
15255 SW 108 TERRACE
MIAMI FL 33196



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2381945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESLIE ALAN ROZENCWAIG, P.A.
ONE S.E. THIRD AVENUE, SUITE 960
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement 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 agent

Signature

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME VAZQUEZ, ULISES
STREET ADDRESS 15255 SW 108 TERRACE
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000264166
CITY-ST-ZIP 03/16/05-80004-019 50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #