2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

KARLAYS APARTMENTS, LLC. Secretary of State Secretary o	NUAL REPORT (AR)	FILED
KARLA'S APARTMENTS, LLC. Prncipal Place of Business Mailing Addross Sec01 INDIA REEK DRIVE Mailing Addross MAMI BEACH FL 33141 TISSES SW 108 TERRACE MAMI FL 33196 Ist MOORE Suite, Apt #, efc. Suite, Apt #, efc. City & State Chy & State City & State Chy & State City & State Chy & State G. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVENUE, SUITE 960 Name MIAMI FL 33131 Steet Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 City A State City A State Politic Registered Agent LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVENUE, SUITE 960 Name MIAMI FL 33131 Steet Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 City C. Box Number is Not Acceptable) SIGMATURE Apprive hyster introd ward agent worth the purpose of changing its registered agent, or both, in the State of Ponda, I am familiar with, end the oblightoms of registered agent. Dot SIGMATURE Apprevent hyster introd ward agent worth Mathagents Not Acceptable to Fiorida Department of State <	.03000027943	Apr 14, 2006 08:00 Al
Segon I INDIAN CREEK DRIVE MIAMI FE 33195 15255 SW 108 TERRACE MIAMI FL 33196 Image: MiaMi FL 33196 2. Principal Place of Business 3. Mailing Address Image: MiaMi FL 33196 Image: MiaMi FL 33196 Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Image: MiaMi FL 33196 Image: MiaMi FL 33196 Applied (10/05) Zip Country Zip Country S. Certificate of Status Desired St5.00 Addition Fee Regulard Image: State City & State Name Street Address of Current Registered Agent Name 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) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lem familiar with, and the obligations of registered agent. SIGNATURE G Math/GING MEMBERS / MANAGERS Note Registered Agent secture registered agent, or both, in the State of Florida. Lem familiar with, and the obligations of registered agent. Make Check Payable to Florida Deale manifer were restated of State <	S, L.L.C.	Secretary of State
MIAMI BEACH FL 33141 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/05) City & State Chy & State 2ip Country Zip Country Zip Country Zip Country Zip Country State State LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THRID AVENUE, SUITE 960 MIAMI FL 33131 Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 City Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 Nore Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 Nore Street Address (P.O. Box Number is Not Acceptable) MiAMI BL 2006 Nore Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 Nore Street Address (P.O. Box Number is Not Acceptable) Make Check Payable to Fiorida Department of State Street Address	Mailing Address	
2. Principal Place of Business 3. Maxiling Address Suite, Apt if, etc. Suite, Apt if, etc. Chy & State Cury & State Chy & State Cury & State Zip Country Suite, Apt if, etc. State Suite, Apt if, etc. 1st MOORE Chy & State Cury & State Lip Country Size State Suite, Apt if, etc. State Size Cury & State State State Size State State State Size State City FL Zip Code State Size State Size State City FL Zip Code State Size State Size State Size State		
City & State City & State 4. FEI Number 56-2382229 Applie Not Applie Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVENUE, SUITE 960 MIAMI FL 33131 Name Siteet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Siteet Address (P.O. Box Number is Not Acceptable) City B. 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 the obligations of registered agent. NATE SIGNATURE Signature symbol or presidenere diverse agent and their september INDET Reposeed Agent segment were remed were remed were remed were remed agent of State Due By May 1, 2005 Date 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Create U000000509457 ITLL G One By May 1, 2005 U000000509457 Out/28/06-80042-003 D.0.0 PILE Delete ITLE MAM Oue A/28/06-80042-003 D.0.0 PILE Delete ITLE Oue //28/06-80042-003 D.0.0	3. Mailing Address	
Zip Country Zip Country S. Certificate of Status Desired \$5.00 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Received 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 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and tiel d apricable PATE SiGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Date 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 1111 G QAZE UD00005094577 0117-ST-ZP UAMAGING MEMBERS/MANAGERS 10. 1116 Deleb THE 04/28/06-80042-003 50.00 1116 Deleb THE 04/28/06-80042-003 50.00	Suite, Apt. #. etc.	
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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) 0.1 ONE S.E. THIRD AVENUE, SUITE 960 Street Address (P.O. Box Number is Not Acceptable) Other 0.1 Other S.E. THIRD AVENUE, SUITE 960 Street Address (P.O. Box Number is Not Acceptable) Other 0.1 Other S.E. THIRD AVENUE, SUITE 960 Street Address (P.O. Box Number is Not Acceptable) Other 0.1 Other S.E. THIRD AVENUE, SUITE 960 Street Address (P.O. Box Number is Not Acceptable) Other 0.1 Other S.E. THIRD AVENUE, SUITE 960 Street Address (P.O. Box Number is Not Acceptable) Other Street Address (P.O. Box Number is Not Acceptable) 0.1 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 the obligations of registered agent. Image: State Date Stat	Cily & State	4. FEI Number Applied For Applied For Not Applied
	untry Zip Country	5 Certificate of Status Desired 5 \$5.00 Additional
LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVENUE, SUITE 960 MIAMI FL 33131 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. Lam familiar with, and the obligations of registered agent. Street Address (P.O. Box Number is Not Acceptable) SIGNATURE		
ONE S.E. THIRD AVENUE, SUITE 960 MIAMI FL 33131 City FL Zp Code 3. 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 the obligations of registered agent. SIGNATURE Grantee typed or provid name of registered agent and take trapeficative (NOTE Registered Agent segurature registered agent, or both, in the State of Florida. I am familiar with, and FILE NOW !!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 11/2 Change Check STRET ADDRESS 15265 SW 108 AVE City-SI-ZP MIAMI FL 33196 11/2 Delete THE NAME STRET ADDRESS City-SI-ZP Code City SI-ZP		and the second s
City FL Zip Code 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. Lam familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or preved name of registered agent and fille if apptCable (NOTE Registered Agent segnature registered when remotating) DATE FILE NOW !!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES THLE VAZOUEZ, ULISES STRET ADDRESS 15255 SW 108 AVE STRET ADDRESS UD00000509457 City ST-2P MIAMI FL 33196 CITY ST-2P City ST-2P	AVENUE, SUITE 960	ss (P.O. Box Number is Not Acceptable)
B. 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 the obligations of registered agent. Signature typed or prined name of registered agent and tite't applicable ROTE Registered Agent sendure required wien removaling) DATE FILE NOW !!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES Intle VAZQUEZ, ULISES Intle VAZQUEZ, ULISES Intle Intle MIAML FL 33196 Intle Intle MAME STREET ADDRESS CITY-ST-ZP Intle NAME STREET ADDRESS CITY-ST-ZP Intle Intle NAME STREET ADDRESS CITY-ST-ZP Intle In	City	EI Zip Code
the obligations of registered agent. SIGNATURE Signature: typed or period name of registered agent and file if appfcable PILE NOW !!! FEE IS \$50,00 FILE NOW !!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES INTLE G VAZQUEZ, ULISES IS255 SW 108 AVE STRET ADDRESS IS255 SW 108 AVE Citry-ST-ZP MIAMI FL 33196 Citry-ST-ZP Delete Title NAME STRET ADDRESS Citry-ST-ZP Citry-ST	mile this statement for the purpose of changing its registered office or re-	
Signature. typed or printed name of registered agent and title if appTceble (NOTE: Registered Agent signature regutered when remotuling) DATE FILE NOW !!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE G NAME VAZOUEZ, ULISES 15255 SW 108 AVE STRET ADDRESS 15255 SW 108 AVE CITY - ST - ZIP MIAMI FL 33196 Delete TITLE Delete NAME Delete TITLE Delete TITLE Delete TITLE CITY - ST - ZIP Od // 28 / 06 - 80042 - 003 S0 . 00 TITLE Delete TITLE Change CITY - ST - ZIP CITY - ST - ZIP		
FILE NOW !!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THLE G Inte Change Change NAME VAZQUEZ, ULISES Is255 SW 108 AVE Street ADDRESS U00000509457 STREET ADDRESS City-ST-ZIP MIAMI FL 33196 TITLE Inte Inte NAME Delete TITLE Inte Inte Inte Inte NAME Street AdDress City-ST-ZIP O4/28/06-80042-009 50.00 OChange RTHE ADDREss City-ST-ZIP City-ST-ZIP O4/28/06-80042-009 50.00	sd name of registered agent and title if oppficable (NOTE: Registered Agent signalue r	gured when reinstating) DATE
Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE G Delete II/LE Change NAME VAZQUEZ, ULISES Delete II/LE UD0000509457 STREET ADDRESS STREET ADDRESS U00000509457 ITTLE Delete TITLE MIAMI FL 33196 Delete TITLE Delete TITLE Citry-ST-ZIP O4/28/06-80042-009 S0.000 IFTLE Delete TITLE Citry-ST-ZIP O4/28/06-80042-009 S0.000 IFTLE Delete TITLE Citry-ST-ZIP Citry-ST-ZIP O4/28/06-80042-009 S0.000 IFTLE Citry-ST-ZIP Citry-ST-ZIP Citry-ST-ZIP Citry-ST-ZIP O2/28/06-80042-009 S0.000		0
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HIFLE G Delete HIFLE Change NAME VAZQUEZ, ULISES Delete HIFLE UD0000509457 STREET ADDRESS 15255 SW 108 AVE STREET ADDRESS U00000509457 CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP 04/28/06-80042-009 50.00 HIFLE Delete TITLE Change Change STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 04/28/06-80042-009 50.00 STREET ADDRESS CITY-ST-ZIP CHANGE Change CHANGE		
TITLE G Delete Difle Difle NAME VAZQUEZ, ULISES NAME U00000509457 STRET ADDRESS 15255 SW 108 AVE STRET ADDRESS U00000509457 CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP 04/28/06-80042-009 50.00 TITLE Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP	Due By May 1, 2006	
NAME VAZQUEZ, ULISES STREET ADDRESS 15255 SW 108 AVE CITY-ST-ZIP MIAMI FL 33196 TITLE Image: City-st-Zip NAME Image: City-st-Zip NAME Image: City-st-Zip STREET ADDRESS City-st-Zip	MANAGING MEMBERS / MANAGERS 10.	ADDITIONS/CHANGES
STREET ADDRESS 15255 SW 108 AVE STREET ADDRESS U00000509457 CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP 04/28/06-80042-009 50.00 TITLE Delete TITLE CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		Change Add
CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP 04/28/06-80042-009 50.00		U00000509457
NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		04/28/06-80042-009 50.00
NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	······································	Change 🗌 Addit
CITY-ST-ZIP CITY-ST-ZIP	NAME	
	f 1	
TITLE Delete TITLE Change		Change Add
STREET ADDRESS	the second se	
CITY-ST-ZIP CITY-ST-ZIP		
TITLE Delete TITLE Change	Delete TITLE	Change 🗋 Addi
NAME	NAME	
STREET ADDRESS		
CITY-ST-ZP		
		🗋 Change 🧮 Ajuji
NAME STREET ADDRESS		
CITY-ST-ZIP		
		Change Addr
NAME		السيط عن 10 م سيط
STREET ADDRESS STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		

SIGNATU	JRE: .	
---------	--------	--

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

Dale

Daytime Phone #