
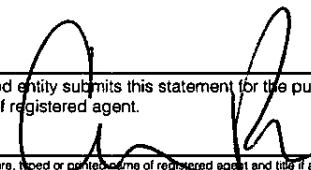
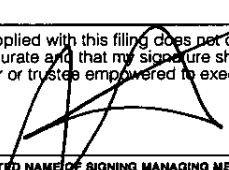


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90352 037 *****50.00

DOCUMENT # L03000032669 1. Entity Name DADELAND BREEZES APARTMENTS, LLC					
Principal Place of Business 7701 NORTH KENDALL DR. MIAMI, FL 33176 4535 Ponce De Leon Blvd. (Same) Coral Gables, FL 33146			Mailing Address 7701 NORTH KENDALL DR. MIAMI, FL 33176 4535 Ponce de Leon Blvd.		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 33146			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 33146		
4. FEI Number 20-0226074			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			04072004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent MARIA FERNANDEZ VALLE, ESQ. 10570 NW 27 ST., UNIT 103 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Carlos E. Padron Street Address (P.O. Box Number is Not Acceptable) 2 Alhambra Plaza, Suite 860 City Coral Gables FL Zip Code 33134		
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 4/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASQUEZ, OSMARA 7701 NORTH KENDALL DR. MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dadeland Breezes Partners, LLC 4535 Ponce de Leon Boulevard Coral Gables, Florida 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRODEGUAS, VICENTE 7701 NORTH KENDALL DR. MIAMI, FL 33176	<input checked="" 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	<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	<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	<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:  Harvey Hernandez 4/14/04 (305) 740-0819 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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