

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -6 AM 11:39

DOCUMENT # L03000037171

1. Entity Name
BAHIA HONDA REAL ESTATE INVESTMENTS VIII, L.L.C.



Principal Place of Business
~~% A&P REGISTERED AGENT, INC.~~
~~2450 SW 137TH AVE., SUITE 221~~
~~MIAMI, FL 33175~~

Mailing Address
~~% A&P REGISTERED AGENT, INC.~~
~~2450 SW 137TH AVE., SUITE 221~~
~~MIAMI, FL 33175~~

2. Principal Place of Business

4000 Ponce de Leon Blvd.

Suite, Apt. #, etc.
Suite 770

City & State
Coral Gables, FL

Zip
33146

Country
USA

3. Mailing Address

4000 Ponce de Leon Blvd.

Suite, Apt. #, etc.
Suite 770

City & State
Coral Gables, FL

Zip
33146

Country
USA



06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0277376

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~A&P REGISTERED AGENT, INC.~~
~~2450 SW 137TH AVE., SUITE 221~~
~~MIAMI, FL 33175~~

7. Name and Address of New Registered Agent

Name
A.M. Rojas, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1985 NW 80 COURT

Suite, Apt. #, etc.
Suite 201

City
Miami

FL

Zip Code
33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
STREET ADDRESS
CITY-ST-ZIP
BAHIA HONDA REAL ESTATE INVESTMENTS VIII,
2450 SW 137TH AVE., SUITE 228
MIAMI, FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4000 Ponce de Leon Blvd. # 770
Coral Gables, FL 33146 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800059543448
09/12/05--01068--013 **50.00 ☐ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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

Date

Daytime Phone #