


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000007124**  
 1. Entity Name  
**MIAMI LAKES APTS., LLC**



Principal Place of Business 5999 BISCAYNE BLVD. MIAMI, FL 33137	Mailing Address 5999 BISCAYNE BLVD. MIAMI, FL 33137
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**DO NOT WRITE IN THIS SPACE**



05162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0793950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAW OFFICE OF PASTOR MONTES & NAVEO, P.A.  
 5999 BISCAYNE BLVD.  
 MIAMI, FL 33137

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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 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTOR, JOSE C 5999 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIST-PASTOR, MICHELLE A 5999 BISCAYNE BLVD. MIAMI, FL 33137
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 05/22/06-80013-010 50.00

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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:** *Jose C. Pastor* **5/16/06** **(305) 758 7774**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #