

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90361 017 \*\*\*\*50.00

**DOCUMENT # L04000016149**

1. Entity Name  
14 WEST HIALEAH APARTMENTS, LLC



Principal Place of Business  
C/O RIS  
201 S. BISCAYNE BLVD., SUITE 1500  
MIAMI, FL 33131

Mailing Address  
C/O RIS  
201 S. BISCAYNE BLVD., SUITE 1500  
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
7207 SW 24th Street  
Suite, Apt. #, etc.

City & State  
Miami, Florida

Zip  
33155

Country  
USA

04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-0829738

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION COMPANY OF MIAMI  
C/O RIS  
201 S. BISCAYNE BLVD., SUITE 1500  
MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR ☐ Delete  
NAME ALVAREZ JR, JOSE A  
STREET ADDRESS 647 ESCOBAR AVENUE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR ☐ Delete  
NAME ALVAREZ, SELINA  
STREET ADDRESS 1317 MAJESTY TERRACE  
CITY-ST-ZIP WESTON, FL 33327

TITLE MGR ☐ Delete  
NAME CONCEPCION, MARIA A  
STREET ADDRESS 2031 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

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

TITLE ☒ Change ☐ Addition  
NAME Alvarez, Selina  
STREET ADDRESS 903 Escobar Avenue  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☒ Change ☐ Addition  
NAME Concepcion, Maria  
STREET ADDRESS 4300 Santa Maria Street  
CITY-ST-ZIP Coral Gables, FL 33146

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

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

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 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: Sergio Concepcion 4/16/07 305-267-0208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #