

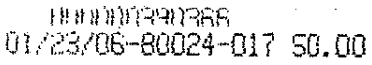



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000024744		
1. Entity Name CAMELOT APARTMENTS, LLC		
Principal Place of Business 9150 S.W. 87TH AVENUE, SUITE #205 MIAMI, FL 33176		Mailing Address 9150 S.W. 87TH AVENUE, SUITE #205 MIAMI, FL 33176
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GREENFIELD, ALAN E ESQ. 15105 NW 77TH AVENUE, SUITE 303 MIAMI LAKES, FL 33014		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		 01092006No Chg-LLC CR2E083 (11/05) 4. FEI Number 01-0813398 Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MIAMI MANAGEMENT ASSOCIATES, LLC 9150 SW 87TH AVENUE SUITE #205 MIAMI, FL 33176	
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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 605, Florida Statutes.		 DO NOT WRITE IN THIS SPACE
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		1/19/06 Date 305-595-1518 Daytime Phone #