

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90064 020 ****50.00

DOCUMENT # L04000024748

1. Entity Name
BRIGHTON MANOR 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**

60004057



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01152007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
01-0813396

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENFIELD, ALAN E ESQ.
15105 NW 77TH AVENUE, SUITE 303
MIAMI LAKES, FL 33014**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

3766 NE 209 Terr

City **Aventura**

FL

Zip Code

33180

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 May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM** ☐ Delete
STREET ADDRESS **MIAMI MANAGEMENT ASSOCIATES, LLC**
CITY-ST-ZIP **9150 SW 87TH AVENUE, SUITE #205
MIAMI, FL 33176**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

[Signature] **Stewart A Greenstein** 1/16/07 305-595-1518