2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000050141

1. Entity Name

PERFORMING ARTS APARTMENTS, LLC



Principal Place of Business

2950 SW 27TH AVE SUITE 300 MIAMI, FL 33133 Mailing Address

STE 300, GROVE PROFESSIONAL BLDG 2950 SW 27TH AVE MIAMI, FL 33133

FILED Feb 06, 2008 8:00 am Secretary of State

02-06-2008 90123 038 ***138.75



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-2144602		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

XIQUES, ALFREDO D STE 300, GROVE PROFESSIONAL BLVD 2950 SW 27 AVENUE MIAMI, FL 33133

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		4	
	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE_			
s	ignature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		-
	HODI	- · · · · · · · · · · · · · · · · · · ·	

TITLE NAME GARCIA, EDUARDO J STE 300, GROVE PROFESSIONAL BLDG STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 MGRM TITLE DI CATALDO, JORGE NAME STE 300, GROVE PROFESSIONAL BLDG STREET ADDRESS CITY-ST-7IP MIAMI, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE

2/1/08

305 448 7092

Daytime Phone i