#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L04000055663**

1. Entity Name

PIERCE APARTMENTS, LLC



FILED Jul 12, 2007 08:00 AM Secretary of State

Principal Place of Business

5999 BISCYANE BLVD. MIAMI, FL 33137 Mailing Address

5999 BISCYANE BLVD. MIAMI, FL 33137



### DO NOT WRITE IN THIS SPACE

07092007 No Chg-LLC CR2

CR2E083 (11/05)

4. FEI Number 35-2234883

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PASTOR, CARLOS 5999 BISCYANE 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 pented name of registered agord and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by September 14, 2007

U00000768519 07/12/07-80014-025 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTOR, CARLOS 5999 BISCYANE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRINKE, KARINE 5999 BISCYANE BLVD. MIAMI, FL 33137
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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:

JKE: SIGNATURE AND TYPÉD OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

CARLOS PASTOR

7/9/67

786 368 900

Daytime Phone #