

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.


FILED
Mar 31, 2006 8:00 am
Secretary of State

03-22-2006 90286 027 ****50.00

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DOCUMENT # L05000019702

1. Entity Name
 HIALEAH LAKES OFFICE PARK, G & H, LLC



Principal Place of Business
 13990 SW 97TH AVENUE
 MIAMI, FL 33176 US

Mailing Address
 13990 SW 97TH AVENUE
 MIAMI, FL 33176 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 262 Atlantic Ave
 Suite, Apt. #, etc.

City & State
 Sunny Isle Beach FL

Zip
 33160

Country
 U.S.A.

02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-2427937

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PASCUAL, ADALBERTO M
 13990 SW 97TH AVENUE
 MIAMI, FL 33176

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDAQ HIALEAH LAKES OFFICE, LLC 13990 SW 97TH AVENUE MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASF PROPERTIES, LLC 262 ATLANTIC ISLE SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K15, LLC 1681 NW 97TH AVENUE DORAL, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 