


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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 262 ATLANTIC AVE SUNNY ISLE BCH, FL 33160 US
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04102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2427937	Applied For Not Applicable
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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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

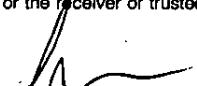
**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDAQ HIALEAH LAKES OFFICE, LLC 13990 SW 97TH AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASF PROPERTIES, LLC 262 ATLANTIC ISLE SUNNY ISLES BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K15,LLC 1681 NW 97TH AVENUE DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000708327
 04/24/07-80029-017 50.00

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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:  4/10/07 305-710-1230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #