



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000020627</b> 1. Entity Name <b>HIALEAH LAKES OFFICE PARK I &amp; J, LLC</b>	
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Principal Place of Business <b>13990 SW 97TH AVENUE MIAMI, FL 33176 US</b>	Mailing Address <b>262 ATLANTIC AVE SUNNY ISLE BEACH, FL 33160 US</b>
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**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>57-1226916</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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	<b>MGRM LANDAQ HIALEAH LAKES OFFICE, LLC 13990 SW 97TH AVENUE MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ASF PROPERTIES, LLC 262 ATLANTIC ISLE SUNNY ISLES BEACH, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM K15, LLC 1681 NW 97TH AVENUE DORAL, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000702364  
04/20/07-80095-012 50.00

**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:**  **4/10/07 305-710-1230**

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