

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022212

Entity Name: CAMBRIDGE CONDO, LLC

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

1855 W 56 ST
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1855 W 56 ST
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-2632044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEFANO, DELAILA J
9200 SOUTH DADELAND BOULEVARD
SUITE 204
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAMOS, JORGE
Address: 1855 W 56 ST
City-St-Zip: HIALEAH, FL 33012

Title: MGR () Delete
Name: HERAVI, MEHRDAD
Address: 1855 W 56 ST
City-St-Zip: HIALEAH, FL 33012

Title: MGR () Delete
Name: RAHMANPARAST, MAHMOUD
Address: 1855 W 56 ST
City-St-Zip: HIALEAH, FL 33012

Title: MGR () Delete
Name: MEHRDAD, HERAVI
Address: 1855 W 56 ST
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MEHRDAD HERAVI

MGR

04/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date