

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026787

FILED
Apr 23, 2007
Secretary of State

Entity Name: C & R PROPERTIES AT KENDALL LLC

Current Principal Place of Business:

CARLOS ZOE CHUMAN
4001 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

CARLOS ZOE CHUMAN
4001 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-2511614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHUMAN, CARLOS Z
4001 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351 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: CHUMAN, CARLOS Z
Address: 4001 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Delete
Name: CHUMAN, ROSA M
Address: 4001 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Delete
Name: CARLOS, CHUMAN J
Address: 4001 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS J CHUMAN

MGR

04/23/2007

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