

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036598

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: HOMESTEAD APARTMENTS, LLC

**Current Principal Place of Business:**

9481 SW 109 TERRACE  
MIAMI, FL 331763639 US

**New Principal Place of Business:**

**Current Mailing Address:**

9481 SW 109 TERRACE  
MIAMI, FL 331763639 US

**New Mailing Address:**

FEI Number: 71-0980846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORTADA, RAMON X SR.  
9481 SW 109 TERRACE  
MIAMI, FL 331763639 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: MGRM ( ) Delete  
Name: TELLECHEA, JORGE A MGRM  
Address: 9481 SW 109 TERRACE  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM ( ) Delete  
Name: CORTADA DE FORTUNY, MARIA A MGRM  
Address: RIVADAVIA 2678, 6TO.  
City-St-Zip: BUENOS AIRES-1034, ARGENTINA, BA 1034 AR

Title: MGRM ( ) Delete  
Name: CORTADA, JILL M MGRM  
Address: 1322 TWILIGHT RIDGE  
City-St-Zip: SAN ANTONIO, TX 78258 US

Title: MGRM ( ) Delete  
Name: GABARONI, ALICIA S MGRM  
Address: 8055 SW 156 TERRACE  
City-St-Zip: PALMETTO BAY, FL 33157 US

Title: MGRM ( ) Delete  
Name: GABARONI, JOSE M  
Address: 8055 SW 156 TERRACE  
City-St-Zip: PALMETTO BAY, FL 33157 US

Title: MGRM ( ) Delete  
Name: CORTADA, JOAQUIN A MGRM  
Address: 9481 SW 109 TERRACE  
City-St-Zip: MIAMI, FL 33176 US

**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:

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: RAMON X. CORTADA, SR.

MGRM

03/23/2009

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