2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

05-08-2006 90033 033 ****55.00

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1. Entity Name
5521 APARTMENTS, LLC

Principal Place of Business	Mailing Address
10210 NORTH MIAMI AVENUE MIAMI SHORES, FL 33150	10210 NORTH MIAMI AVENUE MIAMI SHORES, FL 33150

04032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		PO Box 531429	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MIAMI SHORES FL	
Zip	Country	Zip: 33153	Country: USA

4. FEI Number: 83-0459677 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, RICHARD A ESQ.
12000 BISCAYNE BLVD.
500
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUMA, KAREN J 10210 NORTH MIAMI AVENUE MIAMI SHORES, FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Karen Puma 4-18-06 305-751-8947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #