

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000103815

Entity Name: LC APARTMENTS, LLC

FILED
Oct 10, 2006
Secretary of State

Current Principal Place of Business:

8855 COLLINS AVE., APT. 3J
MIAMI, FL 33154

New Principal Place of Business:

4765 WEST 8TH AVE.
4TH FLOOR
HIALEAH, FL 33012

Current Mailing Address:

P.O. BOX 651612
MIAMI, FL 332651612

New Mailing Address:

P.O. BOX 133519
HIALEAH, FL 33013

FEI Number: 58-2493054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRUZ, LUIS
8855 COLLINS AVE., APT. 3J
MIAMI, FL 33154 US

Name and Address of New Registered Agent:

CRUZ, LUIS
4765 WEST 8TH AVE
4TH FLOOR
HIALEAH, FL 33012 US

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: LUIS CRUZ

10/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRUZ, LUIS
Address: 8855 COLLINS AVE., APT. 3J
City-St-Zip: MIAMI, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: CRUZ, ARLEEN
Address: 4765 WEST 8TH AVE
City-St-Zip: HIALEAH, FL 33012

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: LUIS CRUZ

MGR

10/10/2006

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