

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103815

Entity Name: LC APARTMENTS, LLC

FILED
May 18, 2007
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 133519
HIALEAH, FL 33013

New Principal Place of Business:

4765 WEST 8TH AVE.
1ST FLOOR
HIALEAH, FL 33012

New Mailing Address:

P.O. BOX 138748
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
4765 WEST 8TH AVE
4TH FLOOR
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

CRUZ, LUIS
4765 WEST 8TH AVE
1ST 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:

05/18/2007

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

ADDITIONS/CHANGES:

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: LUIS CRUZ

PRES

05/18/2007

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