


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90306 034 \*\*\*\*55.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # L05000117339</b>  |  |  |  |  |  |
| <b>1. Entity Name</b><br>573 RESIDENTIAL LLC  |  |  |  |   |  |
| <b>Principal Place of Business</b><br>2600 SW 3RD AVE STE 700<br>MIAMI, FL 33125  |  |  | <b>Mailing Address</b><br>2600 SW 3RD AVE STE 700<br>MIAMI, FL 33125   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>                                    |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  | <b>4. FEI Number</b><br>20-3910289  |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |  |  |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GUZMAN, ALBERTO<br>9130 S DADELAND BLVD STE 1504<br>MIAMI, FL 33156   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| <b>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.</b>  |  |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |  |  | <b>10. ADDITIONS / CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>573 MANAGEMENT CORP<br>2600 SW 3RD AVE SUITE 700<br>MIAMI, FL 33129 | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>573 MANAGEMENT CORP<br>2600 SW 3RD AVE SUITE 700<br>MIAMI, FL 33129 | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>573 MANAGEMENT CORP<br>2600 SW 3RD AVE SUITE 700<br>MIAMI, FL 33129 | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>573 MANAGEMENT CORP<br>2600 SW 3RD AVE SUITE 700<br>MIAMI, FL 33129 | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>573 MANAGEMENT CORP<br>2600 SW 3RD AVE SUITE 700<br>MIAMI, FL 33129 | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>573 MANAGEMENT CORP<br>2600 SW 3RD AVE SUITE 700<br>MIAMI, FL 33129 | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>573 MANAGEMENT CORP<br>2600 SW 3RD AVE SUITE 700<br>MIAMI, FL 33129 | <input type="checkbox"/> Delete                              |  |   |  |
| <b>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.</b> |  |  |  |   |  |
| <b>SIGNATURE:</b> _____   |  |  | Date: 02/07/07 Daytime Phone #: (305) 859-9787   |   |  |