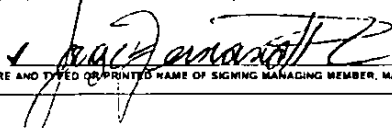


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-11-2006 90120 014 ****50.00

DOCUMENT # L05000123356 1. Entity Name ARBORS AT SENDERA, LLC					
Principal Place of Business 1414 NW 107 AVE, SUITE 109 MIAMI, FL 33172			Mailing Address 1414 NW 107 AVE, SUITE 109 MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address 231 Altara Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Gables, FL		4. FEI Number 20-4128639	
Zip		Country 33146 USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIELMAN, ROBERT E 7300 N KENDALL DR #519 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Jorge Fernandez-Pla Street Address (P.O. Box Number is Not Acceptable) 1414 NW 107th Avenue, Suite 109 City Miami FL Zip Code 33172	
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 _____ (NOTE: Registered Agent signature required when re-appointing)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BALZOLA, CARLOS A 1414 NW 107 AVE, SUITE 109 MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR FERNANDEZ, JORGE 1414 NW 107 AVE, SUITE 109 MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GONZALEZ, LUIS 1414 NW 107 AVE, SUITE 109 MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GONZALEZ, LUIS 1414 NW 107 AVE, SUITE 109 MIAMI, FL 33172	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GONZALEZ, LUIS 1414 NW 107 AVE, SUITE 109 MIAMI, FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GONZALEZ, LUIS 1414 NW 107 AVE, SUITE 109 MIAMI, FL 33172	☐ Delete			
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:  7/7/06 305-716-0200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #					