

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000026525

**FILED  
Jan 11, 2008  
Secretary of State**

**Entity Name:** BRE HOLDINGS REGENCY GARDENS LLC

**Current Principal Place of Business:**

3191 CORAL WAY  
SUITE 115  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

3191 CORAL WAY  
SUITE 115  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALONSO, PATRICIA  
3191 CORAL WAY  
SUITE 115  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DE LA CABADA, RAMON  
Address: 3191 CORAL WAY, SUITE 115  
City-St-Zip: MIAMI, FL 33145

Title: MGRM ( ) Delete  
Name: DE LA CABADA, DIANNE  
Address: 3191 CORAL WAY, SUITE 115  
City-St-Zip: MIAMI, FL 33145

**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: RAMON DE LA CABADA                      MGR                      01/11/2008

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