

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032991

FILED
Apr 20, 2007
Secretary of State

Entity Name: LAVI APARTMENTS, LLC

Current Principal Place of Business:

2899 WEST 2 AVENUE
HIALEAH, FL 33010 US

New Principal Place of Business:

5370 PALM AVE.
1
HIALEAH, FL 33012 US

Current Mailing Address:

2899 WEST 2 AVENUE
HIALEAH, FL 33010 US

New Mailing Address:

5370 PALM AVE.
1
HIALEAH, FL 33012 US

FEI Number: 20-4624759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTERO, MANUEL
2899 WEST 2 AVENUE
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

QUINTERO, MANUEL
5370 PALM AVE.
1
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:

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUINTERO, MANUEL
Address: 2899 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33010 US

Title: MGRM () Delete
Name: QUINTERO, BEATRIZ E
Address: 2899 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33010 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUINTERO, MANUEL
Address: 5370 PALM AVE. SUITE 1
City-St-Zip: HIALEAH, FL 33012 US

Title: MGRM (X) Change () Addition
Name: QUINTERO, BEATRIZ E
Address: 5370 PALM AVE. SUITE 1
City-St-Zip: HIALEAH, FL 33012 US

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: MANUEL QUINTERO

MGR

04/20/2007

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