

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90136 019 *****55.00

DOCUMENT # L06000072116

1. Entity Name

WELLINGTON MANOR APARTMENTS LLC



Principal Place of Business

Mailing Address

5845 S.W. 2ND TERRACE
MIAMI FL 33144

5845 S.W. 2ND TERRACE
MIAMI FL 33144



2. Principal Place of Business - No P.O. Box #

6538 Collins Ave

3. Mailing Address

6538 Collins Ave

Suite, Apt. #, etc.

#187

Suite, Apt. #, etc.

#187

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-5257324

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ-VALLE, MARIA
3750 N.W. 87TH AVENUE, SUITE 100
DORAL FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CARRODEGUAS, VICENTE	
STREET ADDRESS	5845 S.W. 2ND TERRACE	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	VAZQUEZ, MICHAEL	
STREET ADDRESS	5845 S.W. 2ND TERRACE	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6538 Collins Ave #187	
CITY - ST - ZIP	MIAMI BEACH, FL 33141	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6538 Collins Ave #187	
CITY - ST - ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Vicente CARRODEGUAS

3/6/07 (305) 323-2342