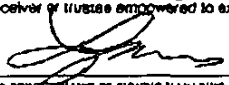


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Mar 17, 2008 8:00 am
Secretary of State

02-26-2008 90037 007 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000082363			
1. Entity Name ARAMENDIA APARTMENTS, LLC			
Principal Place of Business 1107 EL RADO STREET CORAL GABLES, FL 33134		Mailing Address 1107 EL RADO STREET CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEJ Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
LEGORBURU, EUGENIA 1107 EL RADO STREET CORAL GABLES, FL 33134			
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 retreating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	
NAME	ARAMENDIA, FRANCISCO	NAME	
STREET ADDRESS	1107 EL RADO STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	LEGORBURU, EUGENIA	NAME	
STREET ADDRESS	1107 EL RADO STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		2-8-08 (315) 644-1700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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ARTICLES OF ORGANIZATION

FOR

ARAMENDIA APARTMENTS, LLC
(a Florida limited liability company)

The undersigned, for the purpose of forming a limited liability company under Section 608 of the Florida Statutes (the Florida Limited Liability Company Act), hereby adopts the following Articles of Organization:

ARTICLE I NAME

The name of the limited liability company is: **ARAMENDIA APARTMENTS, LLC.**

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the limited liability company is: 1107 El Rado Street, Coral Gables, FL 33134.

ARTICLE III REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent and office for the Limited Liability Company is as follows: Eugenia Legorburu, 1107 El Rado Street, Coral Gables, Florida, 33134.

Acceptance of Registered Agent

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the registered office designated in the Company's articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Eugenia Legorburu, Registered Agent

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**ARTICLE IV
MANAGEMENT**

The management of the limited liability company is reserved to its Managers and is, therefore, a Manager-managed company. The name and address of the Managers who shall manage the limited liability company:

Name:	Address:
Francisco Aramendia	1107 El Rado Street Coral Gables, FL 33134
Eugenia Legorburu	1107 El Rado Street Coral Gables, FL 33146

Dated this 10 day of August, 2007.

F. Aramendia
Signature of a Member or an Authorized Representative
of a Member

Francisco Aramendia
Printed Name of Signee

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Florida Department of State

Division of Corporations

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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : SYLVIA M. URRECHAGA, P.L.

Account Number : I20060000040

Phone : (305) 448-9820

Fax Number : (305) 444-9691

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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY
CO.**

ARAMENDIA APARTMENTS, LLC

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