

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082363

**FILED**  
**Jul 10, 2009**  
**Secretary of State**

**Entity Name:** ARAMENDIA APARTMENTS, LLC

**Current Principal Place of Business:**

1107 EL RADO STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1107 EL RADO STREET  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LEGORBURU, EUGENIA  
1107 EL RADO STREET  
CORAL GABLES, FL 33134 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR  Delete  
Name: ARAMENDIA, FRANCISCO  
Address: 1107 EL RADO STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR  Delete  
Name: LEGORBURU, EUGENIA  
Address: 1107 EL RADO STREET  
City-St-Zip: CORAL GABLES, FL 33134

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: EUGENIA LEGORBURU

MGR

07/10/2009

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