


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90157 024 \*\*\*143.75

<b>DOCUMENT # L07000094006</b>		
1. Entity Name <b>RAMONA APARTMENTS, LLC</b>		

Principal Place of Business <del>2637 EAST ATLANTIC BLVD.</del> <b>513 S. Ocean Blvd</b> <b>POMPAÑO BEACH, FL 33062</b>	Mailing Address <b>2637 EAST ATLANTIC BLVD.</b> <b>#162</b> <b>POMPAÑO BEACH, FL 33062</b>
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**50004727**



2. Principal Place of Business - No P.O. Box # <b>513 S. Ocean Blvd</b>		3. Mailing Address <b>2637 E Atlantic Blvd</b>		04102008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. <b>#1</b>		Suite, Apt. #, etc. <b>162 (Box#)</b>		4. FEI Number <b>491-40-7947</b>	
City & State <b>Pompano Beach, FL</b>		City & State <b>Pompano Beach, FL</b>		Applied For Not Applicable	
Zip <b>33062</b>	Country <b>Broward</b>	Zip <b>33062</b>	Country <b>Broward</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSH, ROBERT 513 S. OCEAN BLVD #1 POMPAÑO BEACH, FL 33062		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MACIAS, EUSEBIO JR. 2637 EAST ATLANTIC BLVD., #162 POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>531 N. Ocean Blvd #610</b> <b>Pompano Beach, FL 33062</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Eusebio Macias Jr. **Eusebio Macias Jr** **4-15-08** **816-678-6739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #