

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001694

FILED
Apr 28, 2009
Secretary of State

Entity Name: LUDLAM APARTMENTS, L.L.C.

Current Principal Place of Business:

6880 S.W. 44TH ST., STE. 100
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6880 S.W. 44TH ST., STE. 100
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0904836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURIOL, JOSE M
6880 SW 44 ST., STE 100
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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:

Title: MGR (X) Delete
Name: WITTMER DE SURIOL, LYN C
Address: 6880 S.W. 44TH STREET, SUITE 100
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: SURIOL, JOSE M
Address: 6880 S.W. 44TH ST., STE. 100
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: MARESMA, LEONEL
Address: 6880 SW 44ST #100
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: MARESMA, LEONEL A III
Address: 6880 SW 44ST #100
City-St-Zip: MIAMI, FL 33155

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: JOSE M. SURIOL

MGRM

04/28/2009

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