

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007117

FILED
Mar 17, 2004
Secretary of State

Entity Name: HOWARD APARTMENTS, L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., #1100
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., #1100
CORAL GABLES, FL 33134

New Mailing Address:

167 NW 25 STREET
MIAMI, FL 33127

FEI Number: 65-0955553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORWITZ, SANFORD B
2121 PONCE DE LEON BLVD., #1100
CORAL GABLES, FL 33134

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/MEMBERS:

Title: MGRM () Delete
Name: GOLDSTEIN, MICHAEL B
Address: 2121 PONCE DE LEON BOULEVARD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: GOLDSTEIN, IRMA
Address: 2121 PONCE DE LEON BOULEVARD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: HORWITZ, SANFORD B
Address: 2121 PONCE DE LEON BOULEVARD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: HORWITZ, JANET L
Address: 2121 PONCE DE LEON BOULEVARD, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: LOMBARDI, DAVID L
Address: 2121 PONCE DE LEON BLVD., #1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: LOMBARDI, SHARI B
Address: 2121 PONCE DE LEON BLVD., #1100
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID LOMBARDI

MGRM

03/17/2004

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