2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

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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:

167 NW 25 STREET
MIAMI, FL 33127

New Mailing Address:

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 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/MEMBERS:		**ADDITIONS/CHANGES:**	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GOLDSTEIN, MICHAEL B	Name:	
Address:	2121 PONCE DE LEON BOULEVARD, SUITE 1100	Address:	
City-St-Zip:	CORAL GABLES, FL 33134	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GOLDSTEIN, IRMA	Name:	
Address:	2121 PONCE DE LEON BOULEVARD, SUITE 1100	Address:	
City-St-Zip:	CORAL GABLES, FL 33134	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	HORWITZ, SANFORD B	Name:	
Address:	2121 PONCE DE LEON BOULEVARD, SUITE 1100	Address:	
City-St-Zip:	CORAL GABLES, FL 33134	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	HORWITZ, JANET L	Name:	
Address:	2121 PONCE DE LEON BOULEVARD, SUITE 1100	Address:	
City-St-Zip:	CORAL GABLES, FL 33134	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LOMBARDI, DAVID L	Name:	
Address:	2121 PONCE DE LEON BLVD., #1100	Address:	
City-St-Zip:	CORAL GABLES, FL 33134	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LOMBARDI, SHARI B	Name:	
Address:	2121 PONCE DE LEON BLVD., #1100	Address:	
City-St-Zip:	CORAL GABLES, FL 33134	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 04/07/2005

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