

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000034346  
 1. Entity Name  
 AVSER INVESTMENTS, LLC



Principal Place of Business      Mailing Address  
 YOEL SARAF-M      2688 S W 137 AVE  
 10101 COLLINS AVENUE, APARTMENT #19E      MIAMI, FL 33175  
 BAL HARBOUR, FL 33154



01042006 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 22-3688238      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MARCUS, ALAN J  
 20803 BISCAYNE BLVD.  
 SUITE 301  
 AVENTURA, FL 33180

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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 returned when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	PT
NAME	SARAF, YOEL
STREET ADDRESS	10101 COLLINS AVENUE, APARTMENT #19E
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	VPS
NAME	SARAF, RINA
STREET ADDRESS	10101 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000384116  
 01/13/06-80028-008 50.00

**DO NOT WRITE IN THIS SPACE**

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: [Signature]      Date: 01-09-06      Daytime Phone #: 305-867-9671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE