

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015189

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: C.R.L. AVENUE, LLC

**Current Principal Place of Business:**

340 W, HEATHER DRIVE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

340 W, HEATHER DRIVE  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BETHENCOURT, LUIS R SR  
340 W, HEATHER DRIVE  
KEY BISCAYNE, FL 33149      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                      ( ) Delete  
Name:                      PERALES, ANA V SR  
Address:                      546 W PALM AIRE DR.  
City-St-Zip:                      POMPANO BEACH, FL 33069

Title:                      MGR                      ( ) Delete  
Name:                      PERALES, DIEGO SR  
Address:                      1500 AEROCAY,  
City-St-Zip:                      MIAMI, FL 33102

Title:                      MGR                      ( ) Delete  
Name:                      PEREZ, RAFAEL  
Address:                      340 W HEATHER DRIVE  
City-St-Zip:                      KEY BISCAYNE, FL 33149

Title:                      MGR                      ( ) Delete  
Name:                      CAPITAL CONTROLS CO., INC  
Address:                      1121 CRANDON BLVD, F-207  
City-St-Zip:                      KEY BISCAYNE, FL 33149

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS R. BETHENCOURT

MGR

04/07/2006

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