2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 10, 2006 8:00 am Secretary of State

DOCUMENT # L05000038846 1. Entity Name EXPANSION AVENTURA, LLC						03-10-2006 9			0.00
Principal Place	e of Business	Mailing Address				2001	14544		
Principal Place of Business 3370 HIDDEN BAY DRIVE, #704 AVENTURA, FL 33180		3370 HIDDEN BAY DRIVE, #704 AVENTURA, FL 33180				2002			
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State			4. FEI Numbe	4438760	>	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		55.00 Addi ee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered A	gent	
INTRASTATE REGISTERED AGENT CORPORATION			Na	Name					
200 S. OR	ANGE AVENUE, SUITE 2600 D, FL 32801			(P.O. Box Number is Not Acceptable)					
	ge i							<u> </u>	
	<u> </u>	City					FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered of	fice or register	ed agent, or both	n, in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agen	nt signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006									
							e check pa Departme		•
		RS/MANAGERS	10.				Departme		•
9.	ue by May 1, 2006 MANAGING MEMBE	_ ·				Florida	Departme CHANGES	nt of State	
9. IIILE	we by May 1, 2006 MANAGING MEMBE	RS/MANAGERS	TITLE			Florida	Departme CHANGES		Addition
9. TITLE NAME	MANAGING MEMBE MGR NUCETE, OMAR	_ ·	TITLE NAME	DRESS		Florida	Departme CHANGES	nt of State	
9. IIILE	we by May 1, 2006 MANAGING MEMBE	_ ·	TITLE	I		Florida	Departme CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR NUCETE, OMAR 3370 HIDDEN BAY DRIVE, #704	_ ·	TITLE NAME STREET ADD CITY-ST-ZI	IP .	R	Florida ADDITIONS /	CHANGES	Change	Addition
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indicated on this report is true and acculate 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:

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPI

305-3230320

Daytime Phone #