

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90107 001 ***600.00

DOCUMENT # L05000050803

1. Entity Name
 EDUVAL, L.L.C.



Principal Place of Business
 31 SE 5TH STREET, UNIT 915
 MIAMI, FL 33131

Mailing Address
 9737 NW 41ST STREET, #615
 MIAMI, FL 33178

30004238



04012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 65-1258098

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CABANAS & ASSOCIATES, P.A.
 10520 NW 26TH STREET, SUITE C201
 DORAL, FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM Delete
 NAME PEREZ, SELEIDA M
 STREET ADDRESS 10556 NW 26TH STREET, SUITE D-101
 CITY-ST-ZIP DORAL, FL 33172

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME PEREZ, EDUARDO C
 STREET ADDRESS 10556 NW 26TH STREET, SUITE D-101
 CITY-ST-ZIP DORAL, FL 33172

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joseph F. Cabanas

03/31/06 (305) 6298191

Date

Daytime Phone #

ATTACHMENT
30004238
L05000050803



April 1, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314

RE: 2006 ANNUAL REPORTS

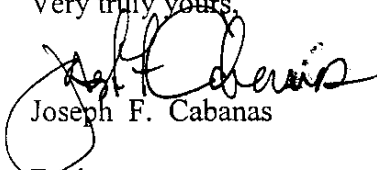
Gentlemen:

Please find attached hereto our check No. 5589 for \$600.00 to cover the renewal fees for the following LLC's:

P.C. 309, LLC
EDUVAL, LLC
DIVIAN UNO, LLC
DIVIAN DOS, LLC
COSTAMAR SOLE, LLC
P.C. 707, LLC
INVERSIONES CABRAL, LLC
SUCURUSOS PC 1517, LLC
SCATTOLINI ENTERPRISES, LLC
SAVONA INVESTMENT, LLC
SAN REMO 17 INVESTMENT, LLC
ALBISOLA INVESTMENT, LLC

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas

Enclosures