

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jul 10, 2009
Secretary of State**

DOCUMENT# L06000063203

Entity Name: 1681 WEST AVENUE LLC

Current Principal Place of Business:

2307 SW 37TH AVENUE
SUITE 500
MIAMI, FL 33145 US

New Principal Place of Business:

C/O ALCIDES I. AVILA, ESQ.
2525 PONCE DE LEON BLVD SUITE 1225
CORAL GABLES, FL 33134 US

Current Mailing Address:

2307 SW 37TH AVENUE
SUITE 500
MIAMI, FL 33145 US

New Mailing Address:

P O BOX 39119
WASHINGTON, DC 20016 US

FEI Number: 20-5088132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD
SUITE 1225
CORAL GABLES, FL 33134 US

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: BY ALCIDES I. AVILA, MANAGER

07/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALAYO, JUAN
Address: 2929 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33129 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAN JOSE REAL ESTATE DEVELOPMENT, LLC
Address: P O BOX 39119
City-St-Zip: WASHINGTON, DC 20016 US

I hereby certify that the information supplied with this filing does not qualify 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: BY LESMES ARRIBAS, VICE PRESIDENT

MGR

07/10/2009

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