

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117930

Entity Name: AVENUE MANAGEMENT, LLC

FILED
Jul 22, 2008
Secretary of State

Current Principal Place of Business:

3101 N FEDERAL HIGHWAY
7TH FLOOR
FORT LAUDERDALE, FL 33306

Current Mailing Address:

3101 N FEDERAL HIGHWAY
7TH FLOOR
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

4900 N OCEAN BLVD.
511
FORT LAUDERDALE, FL 33308

New Mailing Address:

4900 N OCEAN BLVD.
511
FORT LAUDERDALE, FL 33308

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIN, SUSAN L
3101 N FEDERAL HIGHWAY
7TH FLOOR
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

MARTIN, SUSAN L
4900 N OCEAN BLVD.
511
FORT LAUDERDALE, FL 33308 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: SUSAN MARTIN

07/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTIN, SUSAN L
Address: 3101 N FEDERAL HIGHWAY, 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTIN, SUSAN L
Address: 4900 N OCEAN BLVD.
City-St-Zip: 511, FL 33308

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: SUSAN MARTIN

MGRM

07/22/2008

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