

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014537

FILED  
Mar 16, 2006  
Secretary of State

Entity Name: AYP LLC

**Current Principal Place of Business:**

17050 N BAY RD  
#303  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17050 N BAY RD  
#303  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 65-1063096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VERGARA, HERMAN  
17050 N BAY RD  
SUNNY ISLES, FL 33160      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: MGRM ( ) Delete  
Name: VERGARA, HERNAN  
Address: 17050 N BAY RD  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM ( ) Delete  
Name: VERGARA, PATRICIA  
Address: 17050 N BAY RD  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM ( ) Delete  
Name: VERGARA, ALFONSO  
Address: 17050 N BAY RD  
City-St-Zip: SUNNY ISLES, FL 33160

**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:

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: HERNAN VERGARA

PD

03/16/2006

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