2008 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Feb 25, 2008 08:00 AN **DOCUMENT # L00000016007 Secretary of State** 1. Entity Name AVACOM, LLC Principal Place of Business Mailing Address 7180 S.W. 47TH STREET 7180 S.W. 47TH STREET **MIAMI, FL 33155** MIAMI, FL 33155 01112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1071750 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SINATRA, ANTHONY L DO NOT WRITE 7180 S.W. 47TH STREET MIAMI, FL 33155 IN THIS SPACE 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 spent and title if applicable, (NOTE: Registered Agent signature required when reinstating) U00000839672 03/06/08-80018-002 138.75 FILE NOW!!! FEE 18 \$138,75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE MGRM NAME SINATRA, ANTHONY L 7180 S.W. 47TH STREET STREET ACCORESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP TITE NAME STREET ADDRESS CITY-ST-7IP