


FILED
Apr 26, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000002124 1. Entity Name CEVIDAVEN, L.L.C.	
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Principal Place of Business 295 E. 2ND STREET #204 MIAMI, FL 33130	Mailing Address 295 E. 2ND STREET #204 MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



04222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1075378	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AVENDAHNO ARREGOCES, CESAR DAVID 1020 S.W. 1ST AVE. #9 MIAMI, FL 33130

**DO NOT WRITE
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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD AVENDANO, CESAR 295 E. 2ND STREET, APT. 204 HIALEAH, FL 33010
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05/09/07-80113-007 50.00

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:  **4/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #