

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90049 040 ****50.00

DOCUMENT # L01000009619

1. Entity Name
GRAND OAKS ESTATES, LLC



Principal Place of Business
~~EDUARDO AVILA #200~~
2601 SOUTH BAYSHORE DR
COCONUT GROVE, FL 33133

Mailing Address
~~EDUARDO AVILA #200~~
2601 SOUTH BAYSHORE DR
COCONUT GROVE, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

City & State

Zip

Country

Zip

Country

03302006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-1115907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AVILA, EDUARDO~~
2601 SOUTH BAYSHORE DR, #200
MIAMI, FL 33133

Name **EDUARDO AVILA**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

EDUARDO AVILA

(NOTE: Registered Agent signature required when reinstating)

3/29/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **AVILA, EDUARDO**
STREET ADDRESS **2601 SOUTH BAYSHORE DR, #200**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **AVILA, CARLOS E**
STREET ADDRESS **2601 SOUTH BAYSHORE DR, #200**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

EDUARDO AVILA

3/29/06

Date

305-857-0400

Daytime Phone #