
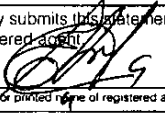
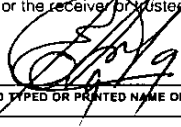


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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		03302006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 65-1115907	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AVILA, EDUARDO 2601 SOUTH BAYSHORE DR, #200 MIAMI, FL 33133				7. Name and Address of New Registered Agent	
				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 		EDUARDO AVILA		3/29/06	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR AVILA, EDUARDO 2601 SOUTH BAYSHORE DR, #200 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AVILA, CARLOS E 2601 SOUTH BAYSHORE DR, #200 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		EDUARDO AVILA		3/29/06 305-857-0400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	