2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007
Secretary of State

DOCUMENT# L01000011662

Entity Name: AVIMEIR PROPERTIES, LLC

Current Principal Place of Business:

10290 N.W. 4TH COURT
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

10290 N.W. 4TH COURT
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-1128496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI, FL 33133 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: AMIT, OFER
Address: 10290 NW 4TH CT
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: MGR ( ) Delete
Name: AMIT, MEIR
Address: 12090 NW 4 CT
City-St-Zip: PLANTATION, FL 33324

Title: MGR ( ) Delete
Name: AMIT, AVIGAIL
Address: 10290 NW 4 CT
City-St-Zip: PLANTATION, FL 33324

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 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: OFER AMIT MGRM 05/16/2007

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