

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000020316

1. Entity Name
AUBURNDALE LLC



Principal Place of Business

**3461 SW 8 STREET
MIAMI, FL 33135**

Mailing Address

**3461 SW 8 STREET
MIAMI, FL 33135**



03302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3657702

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAZO, ARMANDO
3461 S.W 8TH ST
MIAMI, FL 33135**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAZO, ALEX
3461 SW 8 STREET
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAZO, ARMANDO
3461 SW 8 STREET
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAZO, ESPERANZA
3461 SW 8 STREET
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000736022
05/10/07-80059-004 55.00

**DO NOT WRITE
IN THIS SPACE**

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 partner or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

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

ARMANDO CAZO, PRES.

3/30/07.

Date

**305
208-1898.**

Daytime Phone #