

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004563

Entity Name: AVBIZ, LLC

**FILED**  
**Jan 08, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

2875 NE 191ST STREET  
SUITE 512  
AVENTURA, FL 33180

## **New Principal Place of Business:**

3420 NW 53RD STREET  
FT. LAUDERDALE, FL 33309

## **Current Mailing Address:**

2875 NE 191ST STREET  
SUITE 512  
AVENTURA, FL 33180

## **New Mailing Address:**

3420 NW 53RD STREET  
FT. LAUDERDALE, FL 33309

FEI Number: 71-0893982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
C/O RICHARD E. SCHATZ  
150 WEST FLAGLER STREET SUITE 2200  
MIAMI, FL 33130 US

## **Name and Address of New Registered Agent:**

TZUR, AVIV CEO  
3420 NW 53RD STREET  
FT. LAUDERDALE, FL 33309 US

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: AVIV TZUR

01/08/2004

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TZUR, AVIV  
Address: 2875 NE 191ST STREET #512  
City-St-Zip: AVENTURA, FL 33180

## **ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TZUR, AVIV  
Address: 3420 NW 53RD STREET  
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AVIV TZUR

MGRM

01/08/2004

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