

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006808

Entity Name: AVIGNON 5, LLC

FILED
Feb 14, 2007
Secretary of State

Current Principal Place of Business:

441 VALENCIA AVE
1002
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

441 VALENCIA AVE
1002
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146 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: MGR () Delete
Name: CISNEROS, ROGELIO
Address: 441 VALENCIA AVE., #1002
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: CISNEROS, MARIA
Address: 441 VALENCIA AVE., #1002
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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 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: MARIA CISNEROS

MGR

02/14/2007

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