

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 SEP 29 PM 12:22

LL10/08

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000006808

1. Entity Name
AVIGNON 5, LLC

Principal Place of Business
 6114 S.W. 72ND AVE.
 MIAMI, FL 33155

Mailing Address
 6114 S.W. 72ND AVE.
 MIAMI, FL 33155

2. Principal Place of Business
 Date, Apt. #, etc.

3. Mailing Address
 Date, Apt. #, etc.

City & State
 Zip Country Zip City

4. FEI Number
 CHECK HERE IF MAKING CHANGES

5. Certificate of Utility Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ATRIUM REGISTERED AGENTS, INC.
 1600 SAN REMO AVE., STE. 126
 CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent
 Name
 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 contents of, registered agent.

SIGNATURE _____ DATE _____

9. MANAGING MEMBERS/MANAGERS

MANAGING MEMBERS/MANAGERS		ACTIONS/CHANGES	
MR/MRS	NAME	MR/MRS	NAME
<input type="checkbox"/> Date	MGR CISNEROS, RODELIO 6114 S.W. 72ND AVE. MIAMI, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Date	MGR CISNEROS, MARIA 6114 S.W. 72ND AVE. MIAMI, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition	303117901315 04/21/03 90123 023 \$50
<input type="checkbox"/> Date		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Date		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Date		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Date		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(2)(X), Florida Statutes. I further certify that the information included on this report is true and accurate and that the 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 owner or business empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: *[Signature]* 9-24-03 (305)6658458