2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State
04-13-2005 90215 046 ****50.00

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1. Entity Name
27TH AVENUE, L.L.C.

Principal Place of Business	Mailing Address
120-132 NW 27TH VE. MIAMI, FL 33125	PO BOX 2223 MIAMI BEACH, FL 33140

01212005No Chg:LLC CR2E083 (10/03)

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4. FEI Number
54-2105341
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOTOLA, BERNARDO ESQ.
C/O LUSKY & MOTOLA, P.A.
301 ALMERIA AVE., SUITE 345
CORAL GABLES, FL 33134

HOFFMAN LEVY BENGIO + CO
ATT: RONEN BENHARUSH
2525, N STATE ROAD 7, SUITE 115
HOLLYWOOD, FL 33021.

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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 Ronen Benharush 5/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ADRIAN, GREEN
STREET ADDRESS	3120 PINE TREE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	MGRM
NAME	YVES, BARROUKH
STREET ADDRESS	5696 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 3/18/05 786-395-5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #