

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025821

Entity Name: 95 AVENUE, LLC

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 74-3066145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBORNOZ, WILLIAM H
5724 SW 126 TERR
MIAMI, FL 33176 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/MEMBERS:

Title: MGR () Delete
Name: SZARATE, CARLOS T
Address: 9724 SW 126 TERR
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: EDUARDO, RESTREPO
Address: 9724 SW 126 TERR
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: PEDRODO, CARLOS
Address: 9724 SW 126 TERR
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AZCARATE, CARLOS T
Address: 9724 SW 126 TERR
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PEDROZA, CARLOS
Address: 9724 SW 126 TERR
City-St-Zip: MIAMI, FL 33176

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: CARLOS F AZCARATE

MGR

04/29/2004

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