Sent By: ALBOLAW; 3054446180; Jar

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Feb 19, 2007 8:00 am
Secretary of State
02-19-2007 90199 002 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025821

1. Entity Name
95 AVENUE, LLC

60016699

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
74-3066145
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD
SUITE 603
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AZCARATE, CARLOS T
STREET ADDRESS	9724 SW 126 TERR
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGR
NAME	EDUARDO, RESTREPO
STREET ADDRESS	9724 SW 126 TERR
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGR
NAME	PEDROZA, CARLOS
STREET ADDRESS	9724 SW 126 TERR
CITY-ST-ZIP	MIAMI, FL 33176
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 exemptions contained in Chapter 119, 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: Carlos T. Azcarate IV 02/02/07 (305)444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Carlos Azcarate