


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 11, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90027 018 \*\*\*\*50.00

**DOCUMENT # L03000013366**

1. Entity Name  
 520-119 AVENUE INVESTMENT, L.L.C.



Principal Place of Business  
 10000 BROAD CHANNEL DR.  
 MIAMI, FL 33157 US

Mailing Address  
 P.O. BOX 972704  
 MIAMI, FL 33197 US

30010413



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01212007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
 PRACHER, DOUGLAS J  
 317 N. KROME AVENUE  
 HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent  
 Name BARRY L. SIMONS, ESQ.  
 Street Address (P.O. Box Number is Not Acceptable)  
9100 BADLAND BLVD., SUITE 400  
 City MIAMI FL Zip Code 33156

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 BARRY L. SIMONS, ESQ.  DATE 6-6-07

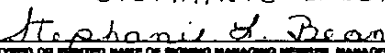
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$50.00  
 Due by May 1, 2007

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEAN, STEPHANIE L 10000 BROAD CHANNEL DR. MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: STEPHANIE L. BEAN  DATE 4/19/07 305-905-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #