


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021325 1. Entity Name 3801 NW 2ND AVE., LLC		
Principal Place of Business 3930 N.E. 2ND AVENUE, SHOWROOM 107 MIAMI FL 33137		Mailing Address 3930 N.E. 2ND AVENUE, SHOWROOM 107 MIAMI FL 33137
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE CR2E083 (10/04)

4. FEI Number 20-0808376		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN E ESQUIRE 80 S.W. 8TH STREET, SUITE 2550 MIAMI FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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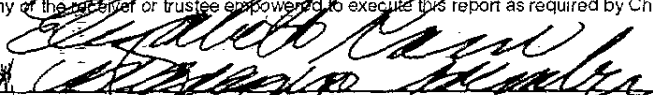
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000254922 03/07/05-80092-019 50.00
NAME	ROSEN, NEIL	NAME	
STREET ADDRESS	3930 NE 2ND AVENUE STE 107	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, ELIZABETH	NAME	
STREET ADDRESS	3930 NE 2ND AVENUE STE 107	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/03/05** **205-576-5900**

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