


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

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

1st MOORE CR2E083 (10/05)

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

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, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE	MGRM <input type="checkbox"/> Delete	
NAME	ROSEN, NEIL	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	3930 NE 2ND AVENUE STE 107	
CITY-ST-ZIP	MIAMI FL 33137	U00000490486 04/18/06-80058-007 50.00
TITLE	MGRM <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ROSEN, ELIZABETH	
STREET ADDRESS	3930 NE 2ND AVENUE STE 107	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ELIZABETH ROSEN *Elizabeth Rosen* 03/29/06 305-576-5900