

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90078 039 ****50.00

DOCUMENT # L03000031733					
1. Entity Name FIRST AVENUE PLAZA, LLC					
Principal Place of Business 250 CATALONIA AVE STE 405 MIAMI, FL 33134			Mailing Address 250 CATALONIA AVE STE 405 MIAMI, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0175667	
				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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DROTA, RAMON		NAME	DORTA, RAMON	
STREET ADDRESS	12065 SOUTHWEST 126TH STREET		STREET ADDRESS	12065 SOUTHWEST 126TH STREET	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAOLINI, CESAR		NAME		
STREET ADDRESS	12065 SOUTHWEST 126TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIVELLA, JUAN CARLOS		NAME		
STREET ADDRESS	12065 SOUTHWEST 126TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERDEL, ALBERTO R		NAME	RIVAS, ALBERTO	
STREET ADDRESS	12065 SOUTHWEST 126TH STREET		STREET ADDRESS	12065 SOUTHWEST 126TH STREET	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIVELLA, JUAN CARLOS		NAME		
STREET ADDRESS	12065 SOUTHWEST 126TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAOLINI, CESAR		NAME		
STREET ADDRESS	12065 SOUTHWEST 126TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		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)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1/20/2005 305-567-1440 <small>Date Daytime Phone #</small>		