## 2005 LIMITED LIABILITY COMPANY

## FILED Apr 29, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L03000040103 1. Entity Name 127 AVE., LLC Principal Place of Business Mailing Address 15500 NEW BARN ROAD 15500 NEW BARN ROAD SUITE 104 SUITE 104 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 04192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4557621 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAXTER, JEFFREY LESQ. DO NOT WRITE 15500 NEW BARN ROAD SUITE 104 IN THIS SPACE MIAMI LAKES, FL 33014 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. Signifying Typied or printed name of registered agent and title II applicable (NOTE Registored Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 U00000343752 04/29/05-80109-013 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE VILLAR, REINALDO G NAME 15500 NEW BARN ROAD, SUITE 104 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(i)). Florida Statutés. 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 it made under oath, that I am a managing member or manager of the limited liability company or the product of the product of the limited liability company or the product of the liability company or the liability company or the liability company or the liability company or the liability compan

STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

305) 823 2469