

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90034 023 \*\*\*\*55.00

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04282006 Chg-LLC CR2E083 (11/05)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                    |                                                                          |                                                                                                                   |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000049901</b><br>1. Entity Name<br><b>EAST FOURTH AVENUE LAND INVESTMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                    |                                                                          |                                                                                                                   |                                                                              |
| Principal Place of Business<br><b>P.O. BOX 526642</b><br><b>MIAMI, FL 33152-6642</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                    | Mailing Address<br><b>P.O. BOX 526642</b><br><b>MIAMI, FL 33152-6642</b> |                                                                                                                   |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                    | 3. Mailing Address<br>Suite, Apt. #, etc.                                |                                                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                    | City & State                                                             |                                                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  | Country                                                            |                                                                          | Zip                                                                                                               |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  | Country                                                            |                                                                          | 4. FEI Number<br><b>41-2116250</b>                                                                                |                                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                    |                                                                          | \$5.00 Additional Fee Required                                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>DIAZ, JUAN ESQ</b><br><b>5800 NORTHWEST 74TH AVENUE</b><br><b>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                                    |                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                              |
| 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.                                                                                                                                                                                                                                                                            |                                                                  |                                                                    |                                                                          | DATE                                                                                                              |                                                                              |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                    |                                                                          |                                                                                                                   |                                                                              |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <b>Make check payable to</b><br><b>Florida Department of State</b> |                                                                          |                                                                                                                   |                                                                              |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                    | 10. ADDITIONS / CHANGES                                                  |                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>BARED, CARLOS E<br>P.O. BOX 526642<br>MIAMI, FL 331526642 | <input checked="" type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | Manager/Member<br>BARED Investments, LLC<br>P.O. Box 526642<br>Miami, FL 33152-6642                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>BARED, MAURICE<br>P.O. BOX 526642<br>MIAMI, FL 331526642  | <input checked="" type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 608, Florida Statutes. |                                                                  |                                                                    |                                                                          |                                                                                                                   |                                                                              |
| <b>SIGNATURE:</b> <u>Juan Diaz, General Counsel</u> <b>April 23, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                    |                                                                          |                                                                                                                   |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                    |                                                                          |                                                                                                                   |                                                                              |