

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90024 038 ***138.75

DOCUMENT # L03000049901

1. Entity Name
EAST FOURTH AVENUE LAND INVESTMENTS, LLC



Principal Place of Business
P.O. BOX 526642
MIAMI, FL 33152-6642

Mailing Address
P.O. BOX 526642
MIAMI, FL 33152-6642

50005313



2. Principal Place of Business - Not P.O. Box #

3. Mailing Address

04152008 Chg-LLC CR2E083 (12/06)

**18001 Old Cutler Road
Suite 370
Palmetto Bay Florida 33157**

**18001 Old Cutler Road
Suite 370
Palmetto Bay Florida 33157**

4. FEI Number
41-2116250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JUAN ESQ
5800 NORTHWEST 74TH AVENUE
MIAMI, FL 33166

Name
Street
City
Corporate Creations Networks, Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BARCO INVESTMENTS, LLC
P.O. BOX 526642
MIAMI, FL 331526642 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BARCO INVESTMENTS, LLC
18001 OLD CUTLER ROAD SUITE 370
PALMETTO BAY FL 33157 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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.

SIGNATURE:

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

Date

Daytime Phone #

4-29-08