



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000004877 1. Entity Name RAVIC, LLC	
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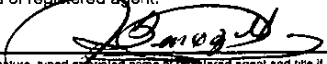
Principal Place of Business 400 LESLIE DRIVE #802 HALLANDALE, FL 33009	Mailing Address POST OFFICE BOX 790 HALLANDALE, FL 33008-0790
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DO NOT WRITE IN THIS SPACE

	
01152007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0944419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BENOZILLO, JACOBO 2742 BISCAYNE BOULEVARD MIAMI, FL 33137
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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:  Jacobo Benozillo	DATE: 1-15-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENOZILLO, JACOBO 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146
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U000000591500 01/19/07-80026-007 50.00
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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:  Jacobo Benozillo	DATE: 1-15-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	
<small>Date</small>	<small>Daytime Phone #</small>