


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90108 050 ****50.00

DOCUMENT # L04000042273 1. Entity Name 2ND AVE HOLDINGS, LLC																											
Principal Place of Business 2300 SW 26 ST. MIAMI, FL 33133		Mailing Address 2300 SW 26 ST MIAMI, FL 33133																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2960 SW 17 ST Suite, Apt. #, etc.																									
City & State Zip		City & State Miami, Florida Zip 33145																									
Country		Country USA																									
4. FEI Number 20-1202895		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 GIANNOTTI, CHRISTIAN 2300 SW 26 ST. MIAMI, FL 33133		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)</small>																											
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DE VARONA, ADA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2960 SW 17 ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33145</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	DE VARONA, ADA		STREET ADDRESS	2960 SW 17 ST.		CITY-ST-ZIP	MIAMI, FL 33145		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Ada de Varona</u> <u>Ada de Varona</u> <u>2/18/05</u> <u>786-200-0677</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											