

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066003

1. Entity Name
G&R AVBORNE MIAMI, LLC



Principal Place of Business
**5301 WISCONSIN AVENUE, N.W., SUITE 510
WASHINGTON, DC 20015**

Mailing Address
**5301 WISCONSIN AVENUE, N.W., SUITE 510
WASHINGTON, DC 20015**



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-0882250

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000429360
02/22/06-80006-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROSE, SAMUEL G
STREET ADDRESS	5301 WISCONSIN AVE., SUITE 510
CITY-ST-ZIP	WASHINGTON, DC 20016
TITLE	MGR
NAME	GREENEBAUM, STEWART
STREET ADDRESS	1829 REISTERSTOWN ROAD, SUITE 410
CITY-ST-ZIP	BALTIMORE, MD 21208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/7/06 710-489-8700