2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-29-2005 90030 018 ***158.75

DOCUMENT # L04000067930

1. Entity Name
5TH AVENUE AT DELRAY, LLC

Principal Place of Business	Mailing Address
160 NORTHEAST 6TH AVENUE DELRAY BEACH, FL 33483 US	160 NORTHEAST 6TH AVENUE DELRAY BEACH, FL 33483 US

02082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
151 N.E 5TH AVENUE	151 N.E 5TH AVENUE
Suite, Apt. #, etc. 151	Suite, Apt. #, etc.
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33483 Country USA	Zip 33483 Country USA

4. FEI Number 20-1712783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARVALLO, JESUS
160 NORTHEAST 6TH AVENUE
DELRAY BEACH, FL 33483

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 [signature] Jesús Carvallo President 03/29/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JESUS CARVALLO 2700 OAK BROOK LANE WESTON, FL 33332	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: [signature] Jesús Carvallo President 03/29/05 (561) 3302773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #