

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90020 023 ****50.00

DOCUMENT # L04000069365

1. Entity Name
290 NAVARRE, LLC



Principal Place of Business
1000 BRICKELL AVE STE. 905
MIAMI, FL 33131

Mailing Address
1000 BRICKELL AVE STE. 905
MIAMI, FL 33131

20025128



2. Principal Place of Business
PO Box 452124
Suite, Apt. #, etc.

3. Mailing Address
PO Box 452124
Suite, Apt. #, etc.

01272006 Chg-LLC CR2E083 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
20-1689962

Applied For
Not Applicable

Zip 33245 Country USA

Zip 33245 Country USA

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, J.
~~1000 BRICKELL AVE STE. 905~~
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
801 BRICKELL AVE, SUITE 880
City MIAMI FL Zip Code 33131

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RODRIGUEZ, J.
STREET ADDRESS 1000 BRICKELL AVE STE. 905
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME RODRIGUEZ, JOREE
STREET ADDRESS 801 BRICKELL AVE, SUITE 880
CITY-ST-ZIP MIAMI, FL 33131 ☒ Change ☐ Addition

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

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

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

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

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

JOREE RODRIGUEZ

3/27/06

305-371-5400