

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078645

FILED  
May 02, 2006  
Secretary of State

Entity Name: AV STRATEGIC INVESTMENTS, LLC

## Current Principal Place of Business:

16414 TURQUOISE TRL.  
WESTON, FL 33331

## New Principal Place of Business:

5448 N. UNIVERSITY DR.  
LAUDERHILL, FL 33351

## Current Mailing Address:

16414 TURQUOISE TRL.  
WESTON, FL 33331

## New Mailing Address:

5448 N. UNIVERSITY DR.  
LAUDERHILL, FL 33351

FEI Number: 20-1828439      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LYNNE S. K. VENTRY, P.A.  
955-N NORTHWEST 17TH AVENUE  
DELRAY BEACH, FL 33445      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: PINEDA, OBDULIO S  
Address: 16414 TURQUOISE TRL.  
City-St-Zip: WESTON, FL 33331

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: GM      (X) Change ( ) Addition  
Name: PINEDA, OBDULIO S G. MGR  
Address: 5448 N. UNIVERSITY DR.  
City-St-Zip: LAUDERHILL, FL 33351

Title: VP      ( ) Change (X) Addition  
Name: VAINRUB, ROBERTO V.P.  
Address: 5448 N. UNIVERSITY DR.  
City-St-Zip: LAUDERHILL, FL 33351

Title: SEC.      ( ) Change (X) Addition  
Name: LECHTER, ROBERTO SECT.  
Address: 5448 N. UNIVERSITY DR.  
City-St-Zip: LAUDERHILL, FL 33351

Title: TREA      ( ) Change (X) Addition  
Name: ROTTER, ALAN TREASUR  
Address: 5448 N. UNIVERSITY DR.  
City-St-Zip: LAUDERHILL, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OBDULIO SIMON PINEDA

GM

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date