


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90065 011 ****50.00

DOCUMENT # L04000088417		
1. Entity Name FIRST AVENUE CONSTRUCTION, LLC		

Principal Place of Business 4249 L.B. MCLEOD 1768 Park Center Dr. Sl. 340 ORLANDO, FL 32811 32835	Mailing Address 4249 L.B. MCLEOD 1768 Park Center Dr. Sl. 340 ORLANDO, FL 32811 32835
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01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1970806	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHDJI, STEVE 4249 L.B. MCLEOD 1768 Park Center Dr. Sl. 340 ORLANDO, FL 32811 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEHMATALLA, JOHN 4249 L.B. MCLEOD 1768 Park Center Dr. Sl. 340 ORLANDO, FL 32811 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAHMATALLA, JOHN 4249 L.B. MCLEOD 1768 Park Center Dr. Sl. 340 ORLANDO, FL 32811 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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 11/2/06 401-839-0086	Daytime Phone #
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