
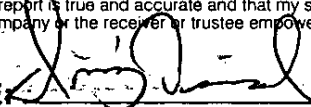


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90099 001 ***138.75

DOCUMENT # L04000088858					
1. Entity Name AV STORE 1, LLC					
Principal Place of Business 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351			Mailing Address 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351		
2. Principal Place of Business - No P.O. Box # 2629 N STATE RD. 7		3. Mailing Address 2629 N STATE RD. 7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAUDERHILL, FL		City & State LAUDERHILL, FL		4. FEI Number 20-1999884	
Zip 33313		Country 320WARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNNE S. K. VENTRY, P.A. 955-N NORTHWEST 17TH AVENUE DELRAY BEACH, FL 33445			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINEDA, OBDULIO S 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2629 N STATE RD. 7 LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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  OBDULIO S PINEDA 2/22/08 (954) 358-2274					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					