


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90229 007 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000003074	
<b>1. Entity Name</b> 2331-2341 NW 8TH AVE., LLC	

<b>Principal Place of Business</b> 752 WEST FLAGLER STREET, SUITE 105 MIAMI FL 33130	<b>Mailing Address</b> 752 WEST FLAGLER STREET, SUITE 105 MIAMI FL 33130
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 65-0091937	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

1st MOORE CR2E083 (10/05)

<b>6. Name and Address of Current Registered Agent</b> ATRIUM REGISTERED AGENTS, INC L 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES FL 33146
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<b>7. Name and Address of New Registered Agent</b>
Name <u>Mariann Klotz</u>
Street Address (P.O. Box Number is Not Acceptable) <u>752 West Flagler St #105</u>
City <u>Miami</u> FL Zip Code <u>33130</u>

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 Mariann Klotz MARIANN KLOTZ 4/16/06  
Signature, typed or printed name of registered agent and date is acceptable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2006

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
<u>Managing Member</u> <u>Macan Co Ltd</u> <u>752 West Flagler St #105</u> <u>Miami, FL 33130</u>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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: Mariann Klotz Mariann Klotz, Registered Agent 4/16/06 305 545 8927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



ATTACHMENT  
30603528

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

2331-2341 NW 8TH AVE., LLC  
752 WEST FLAGLER STREET, SUITE 105  
MIAMI, FL 33130

Subject: 2331-2341 NW 8TH AVE., LLC

Reference Number: L05000003074

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD  
ANNUAL REPORTS SECTION

*See revised report attached*