

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012542

FILED
Apr 26, 2006
Secretary of State

Entity Name: 3901 DAVIE ASSOCIATES, LLC

Current Principal Place of Business:

4915 ORDUNA DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

C/O AYER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DR., STE. 600
COCONUT GROVE, FL 33133

New Mailing Address:

C/O AYER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DR., STE. 700
COCONUT GROVE, FL 33133

FEI Number: 20-2295529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DR., STE. 600
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DR., STE. 700
COCONUT GROVE, FL 33133 US

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: SANTIAGO ELJAEK, MANAGER

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHAMIZO, MANUEL III
Address: 4915 ORDUNA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: CHAMIZO, MANUEL D
Address: 4915 ORDUNA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MANUEL CHAMIZO III

MGR

04/26/2006

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