

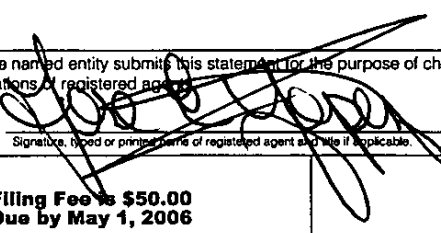
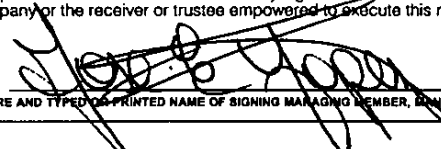


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90201 007 ****50.00

DOCUMENT # L05000040295 1. Entity Name AVOCADO PARK HOLDINGS, LLC					
Principal Place of Business 406 S.W. 1ST STREET FL CITY, FL 33034			Mailing Address 406 S.W. 1ST STREET FL CITY, FL 33034		
2. Principal Place of Business 14021 S.W. 143 CT		3. Mailing Address 14021 S.W. 143 CT			
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. #6			
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA			
Zip 33186		Zip 33186			
4. FEI Number 20-2874369				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02032006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent JESSICA NOGUES, P.A. 100 ALMERIA AVENUE #302 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Lopez Jose Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City Miami - FL Zip Code 33186		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3/8/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3-8-06 Daytime Phone # (406) 486-6871		