## 2006 LIMITED LIABILITY COMFANY ANNUAL REPORT

## FILED Feb 08, 2006 8:00 am Secretary of State

1/1

DOCUMENT # L05000044401  1. Entity Name 2947 SHIPPING AVE LLC						01-17-20	006 90060	038 *	
Principal Place	e of Business	Mailing Address							
10250 SW 110 ST MIAMI, FL 33176		10250 SW 110 ST MIAMI, FL 33176			i ra pirani ar	a a likt ombi som som po:	m Câtil Giữn trực sự	IN <b>háta</b> i 130	Dân hi Indi
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132006	Chg-LLC	CR2E083 (		
City & State		City & State			4. FEI Numb	89 012	2744	No	plied For t Applicable
Zip	Country	Zip	Coun	try	<u>.                                    </u>	of Status Desired	Fee	00 Add Require	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
BAUER, CI 7751 SW 1 MIAMI, FL		Street Address			(P.O. Box Number is Not Acceptable)				
IANSIAN, I C							7-0-4		
• The share				City		the in the Clara of El	r L	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									
- Constitution Co	Signature, typed or protect name of regretored agent a	nd title if epolicable (NOTE	Pagasare	d Agent agnesies required	when remeding)		DATE		
Filing Fee is \$50.00 Due by May 1, 2008					Make check payable to Florida Department of State				
9.	MANAGING MEMBER		10.			ADDITIONS		0	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM RAPANOS DEVELOPMENT GRO 10250 SW 110 ST MIAMI, FL 33176	DUP LLC					U	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEARVIEW DEVELOPMENT LL 8900 SW 115 TERR MIAMI, FL 33176	□ Deleta C						Change	Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		Deteta						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete		-				Changa	Addition
TITLE NAME STREET AIXBRESS CITY-ST-ZIP		☐ Delets		1	-			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete						Change	Addition
11. I hereby certify that the information supplied with this fitting 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 path; 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.									
SIGNAT	URE:					1/1/64			
/	PROPURE AND TYPES OR PROPUED NAME OF	SIGNING MAKAGING MEMBER, MAK	MGER, OR		#TATIVE	Case	Овумпе	Phone #	į.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2006

2947 SHIPPING AVE LLC 10250 SW 110 ST MIAMI, FL 33176

Subject: 2947 SHIPPING AVE LLC

Reference Number:

L05000044401

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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.

/CC ANNUAL REPORTS SECTION