## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCU 1. Entity Nam LAVONIA	ne	#L050000448	351				FILED 6 HAY -4 PM 3:		
Principal Place of Business 5040 NW 7TH ST 710 MIAMI, FL 33126			Mailing Address 5040 NW 7TH ST 710 MIAMI, FL 33126 US				ECRETARY ÓF STA ALLAHASSEE, FLOG III AUGUNU AND AUGUNU AUGUNU		<b>ier</b> i (1) ( <b>2</b> 0)
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252006	Chg-LLC CR2	E083 (11/05)	
City & State			City & State			4. FEI Numb	FOR FOR	<del></del>	plied For nt Applicable
Zip	Zip Country		Zip Country		ntry	1	e of Status Desired	\$5.00 Add Fee Require	litional d
6. Name and Address of Current R			egistered Agent Name		Name	7. Name and Address of New Registered Agent			
BAKER, R 2655 LEJE 201 CORAL GA	UNE RD.		Street Address City		P.O. Box Num	ber is Not Acceptable)	■ Zip Code	Α	
8. The above	named enti	ty submits this statement for	the purpose of changing its	register		red agent, or b	oth, in the State of Florida. La	<u> </u>	
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OATE									
Filing Fee is \$50.00 Due by May 1, 2006			( W C Augusto Gunnary and Coquan			, man g	Make check Florida Depart	payable to	Đ.
9.	MGR	MANAGING MEMBER		10.			ADDITIONS/CHANGI		
IITLE MGR  NAME GOMEZ, RAFAEL  STREET ADDRESS 5040 NW 7TH ST #710  MIAMI, FL 33126			☐ Delete	1	1	31 05/26	0 <b>0075384</b> 5/0601061001	□ Change □ 2 3 ***1361	□ Addition   25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Ad			Addition	
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11. I hereby certify that the information supplied with this mag 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 mysignature 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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEDDER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Daystre Phone #									