

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062512

**FILED**  
**Jan 22, 2006**  
**Secretary of State**

**Entity Name:** GIYI, LLC

**Current Principal Place of Business:**

19000 W. DIXIE HIGHWAY  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19000 W. DIXIE HIGHWAY  
MIAMI, FL 33180

**New Mailing Address:**

**FEI Number:** 20-3070790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, PETER M  
1200 BRICKELL AVENUE, SUITE 860  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

AVILA, ISRAEL J MGRM  
15170 SW 44TH STREET  
MIRAMAR, FL 33027 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: ISRAEL AVILA

01/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AVILA, ISRAEL  
Address: 19000 W. DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33180

Title: MGRM ( ) Delete  
Name: AVILA, YANIRE  
Address: 19000 W. DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33180

**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: ISRAEL AVILA

MGRM

01/22/2006

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