

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000065064

1. Entity Name
3000-3002 NW 31 AVENUE, LLC



Principal Place of Business
1000 SOUTHWEST 95 AVENUE
MIAMI, FL 33174

Mailing Address
1000 SOUTHWEST 95 AVENUE
MIAMI, FL 33174



04102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-2066766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JOSE M
1000 SW 95 AVE
MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000903889
04/30/08-80064-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALVAREZ, JOSE M
STREET ADDRESS	1000 SW 95 AVE
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	MGR
NAME	ALVAREZ, MARIA G
STREET ADDRESS	1000 SW 95 AVE
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Maria G Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MARIA G. ALVAREZ

4/14/08 (305) 553-0494

Date

Daytime Phone #