

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068739

Entity Name: AVOCET CAPITAL LLC

FILED
Jul 03, 2006
Secretary of State

Current Principal Place of Business:

3775 NW 145 STREET
BLDG #412
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

3775 NW 145 STREET
BLDG #412
OPA-LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-3297864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARELLANO, MICHAEL A
3775 NW 145 STREET
BLDG #412
OPA-LOCKA, FL 33054 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARELLAND, MICHAEL A
Address: 3775 NW 145 STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: MGRM () Delete
Name: ARELLAND, PATRICIO F
Address: 3775 NW 145 STREET
City-St-Zip: OPA-LOCKA, FL 33054

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARELLANO, MICHAEL A
Address: 3775 NW 145 STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: MGRM (X) Change () Addition
Name: ARELLANO, PATRICIO F
Address: 3775 NW 145 STREET
City-St-Zip: OPA-LOCKA, FL 33054

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: MICHAEL A. ARELLANO

MGRM

07/03/2006

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