
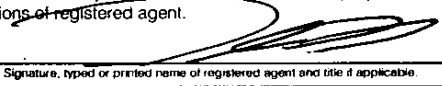



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90141 018 ****55.00

DOCUMENT # L05000069055 1. Entity Name 97TH AVENUE, LLC					
Principal Place of Business 9736 SW 141 DRIVE MIAMI, FL 33176				Mailing Address 9736 SW 141 DRIVE MIAMI, FL 33176	
2. Principal Place of Business - No P.O. Box # 9660 SW 146 Street Suite, Apt. #, etc.		3. Mailing Address 9660 SW 146 Street Suite, Apt. #, etc.			
City & State Miami, Florida Zip 33176		City & State Miami, Florida Zip 33176		Country U.S.A.	
4. FEI Number 20-3164129				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				03072007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CERTAIN, ALEJANDRO 9736 SW 141 DRIVE MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Alejandro Certain Street Address (P.O. Box Number is Not Acceptable) 9660 S.W. 146 Street City Miami FL Zip Code 33176		
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) Alejandro J. Certain	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CERTAIN HOMES, INC 9736 SW 141 DR MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Alejandro Certain 9660 SW 146 Street Miami, FL 33176
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CERTAIN, ERIC 9741 SW 148 ST MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: 		Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Alejandro J. Certain	
Date		03/08/07		Daytime Phone #	
786-2555168					