2006 LIMITED LIABILITY COMPANY ANNUAL REPORT						FILED Feb 10, 2006 8:00 am Secretary of State				
DOCUMENT # L05000071052 1. Entity Name 2970 EAST 11TH AVENUE LLC						02-10-2006 9	0165 014 ***		00	
Principal Place 2955 EAST 1 HIALEAH, FL	1TH AVENUE	Mailing Address 2955 EAST 11TH AVENUE HIALEAH, FL 33013 US				n Kuluh Valih Kuluh Valih Bulih	ANCH INCOLONIC SOLA		IE1 (11 10 E1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-LLC	CR2E083 (1	1/05)	<u>.</u>	
City & State		City & State			4. FEI Numb	er			Applicable	
Zip	Country			ntry		e of Status Desired	Fee R	O Addi		
6. Name and Address of Current Registered Agent				Name	7. Name and	d Address of New Re	egistered Agent			
121 ALHA	BLANDIN J MBRA PLAZA 10. ALHAMBRA TOWERS			Street Address (P.O. Box Number is Not Acceptable)						
	ABLES, FL 33134									
 The above pamed entity submits this statement for the purpose of changing its register 				City	ared agent or b	the in the State of Flo		ip Code		
 The above named entity submits this statement for the purpose of changing its registered affice 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 il applicable. (NOT	E: Registeri	ed Agent signature require	ed when reinstating)		DATE			
FI	ling Fee is \$50.00 ue by May 1, 2006						e check payab Department o		,	
9. TITLE	MANAGING MEMBE	RS/MANAGERS	10. 10.			ADDITIONS/		hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ALONSO, AMANCIO 2955 EAST 11TH AVENUE HIALEAH, FL 33013			Me Neet Address Y - St-Zip			_	Ū	_	
TITLE NAME STREET ADORESS		Detete	TITI NAM STR					hange	Addition	
CITY-ST-ZIP TITLE		Delete	C1T	Y-ST-ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAF STF					indi go		
TITLE NAME STREET ADORESS CITY - ST - ZIP		Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete						Change	Addilion	
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: AMANCIO ALONSO - PRÉSIDENT 1/31/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DELO										