## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF STOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Mar 06, 2008 8:00 am Secretary of State

AITHOAL ILLI VIII				secretary of State		
DOCUMENT # L05000072365				03-06-2008 902	•	
1. Entity Name				1		
6930 BYRON AVE., LLC			With the same	<b>)</b>		
Dringing Plan	on of Business	Mailing Address		1		
	ce of Business	PO BOX 402566				
5860 PINETREE DRIVE PO BOX 402566 Miami Beach, FL 33110 Miami Beach, FL 33140			10			
				s required til 60tht dans melli 60th 60th endl		
B. Orionia et C	New of DAIL to Bo DO Clark	1 2 Mailine Address A.	<u> </u>			
2. Principal Place of Brisiness - No P.O. Box # 3. Mailing Address P.O.			bix 402566	ווותם ונותם ווותם ווותם ווונים ופיסח וום עופונסטו		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008 Chg-LLC CR2E083 (12/06)		
			_	<del></del>		
City & State HighEah R		City & State Ni Ani Book &		4. FEI Number	<u> </u>	plied For
		Zip Country		20-3208196 Not Applicable  5 Codificate of Status Conincil		
Zip 330	On Commy USA	28 33140	USA	5. Certificate of Status Desired	Tee Required	
- 570	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regis	tered Agent	
			Name			_
GARCIA, CARLOS 5860 PINETREE DRIVE			Street Address	(P.O. Box Number is Not Acceptable)		
MIAMI BEACH, FL 33110						
1			1 ·		-	
			City		FL Zip Code	<del></del>
9 The shows	named entity submits this statement to	the nurnose of changing its	registered office or regist	ered agent, or both, in the State of Florida		and accent
	tions of registered agent		registered office of regist	and agent, or both, in the state of horiza.	TOTAL INCIDENTAL WILLIAM	and accept
CICMATURE:						,
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)	DATE	
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FILE	2 NOW!!!  FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		•		eck payable to partment of State	3,1
Puroi ilia:	; i, 2000 i 00 Will bo 4000.70				ingran reducti	
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHA	NGES	, , , , , , , , , , , , , , , , , , ,
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GARCIA, JOSE M		NAME			
STREET ADORESS	3158 BAY ROAD		STREET ADORESS CITY-ST-ZIP			
CITY-ST-ZIP	MIAMI BEACH, FL 33140					T A Addition
TITLE NAME	MGR GARCIA, CARLOS	☐ Delete	TITLE NAME		Change	Addition
STREET ADDRESS	5860 PINETREE DRIVE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS	J		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	Addition
NAME			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
<del></del>		Delete	TITLE	<del></del>	☐ Change	Addition
TITLE NAME		□ veice	NAME	•		regulated
STREET ADDRESS	1		STREET ADDRESS	•	•	
CITY-ST-ZIP	·		CITY-ST-ZIP	·		
TITLE		Detete	TITLE		☐ Change	Addition
NAME			NAME			• '
STREET ADDRESS	<b>,</b>		STREET ADDRESS			
CITY-ST-ZIP	<u>L</u>		CITY-ST-ZIP			
11. I hereby	certify that the information supplied with	this filing does not qualify for that my signature shall have to	the exemptions containe the same legal effect as if	d in Chapter 119, Florida Statutes. I furthe	r certify that the info member or manage	rmation r of the
limited lia	ability company or the receiver or frustee	empowered to execute this	raport as required by Cha	made under oath; that I am a managing opter 608, Florida Statutes.	-0-	

Date

Daytime Phone #