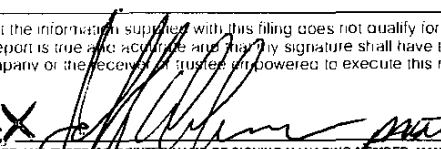


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90028 014 ****50.00

DOCUMENT # L05000072524 1. Entity Name 2ND AVE GROUP LLC					
Principal Place of Business 1501 NORTH WEST 2ND AVENUE #7 BOCA RATON, FL 33432			Mailing Address 1501 NORTH WEST 2ND AVENUE #7 BOCA RATON, FL 33432		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01242006 Chg-LLC CR2E083 (11/05)			4. FEI Number 56-2524267		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent JEFF, ABBARNO 1501 NORTH WEST #7 BOCA RATON, FL FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1501 Northwest 2nd Avenue #7 City FL Zip Code 33432		
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID, BUCHMAN 1623 CETONA DRIVE BOYNTON BEACH, FL 33436	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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  JEFF ABBARNO 3/13/06 (561) 368-7164 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		