2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 28, 2006 8:00 am Secretary of State

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DOCUMENT # L05000073940 1. Entity Name							3	07-28-2006	90071 (004 ****5	0.00
FLNÝ 1S	T AVE. C	O., LLC									
Principal Plac	e of Busines	 s	Mailing Add	ress							
119 N.E. 39TH STREET MIAMI, FL 33137 US				119 N.E. 39TH STREET							
MIAMI, FL 3	3137 US	•	MIAMI, FL	33137 U	2						
2 Principal S	Place of Busin	3000	3 Mailing Ar	drass							
2. Principal Place of Business		3. Mailing Address				I 40101 UNIO DUSII BANS DUSI	 		03 05		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07182006	Chg-LLC	CR2E	083 (11/05)			
City & State		City & State				4. FEI Numb	er 285544		}	oplied For ot Applicable	
Zip	Zip Country		Zip	Zip		try		of Status Desired		\$5.00 Add	ditional
	6. Name	and Address of Curr	ent Registered Age	ent		Niere	7. Name and	Address of New R	egistered	Agent	_
LEOPOLD	, KORN &	LEOPOLD, P.A.		Name				·			
20801 BIS SUITE 501		LVD.					Street Address (P.O. Box Number is Not Acceptable)				
AVENTUR		180									
						City			FL	Zip Cod	е
1	named entit	y submits this statemen	nt for the purpose of	changing its	registere	ed office or regis	stered agent, or bo	oth, in the State of Flo	rida. I am	familiar with,	and accept
	nons or regis	tered agent.									
SIGNATURE											
OIGITATIONE.	Signature, typed	or printed name of registered a	igent and title if applicable.	(NOTE	; Registered	d Agent signature requi	ived when revistating)		DATE		
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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.

Date

Daylime Phone #

SIGNATURE:
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE