


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90019 012 \*\*\*\*50.00

|  |   |  |  |   |   |
|--|---|--|--|---|---|
| <b>DOCUMENT # L05000076627</b><br>1. Entity Name<br>6944 BYRON AVENUE LLC  |   |  |  |  |   |
| Principal Place of Business<br>5860 PINETREE DRIVE<br>MIAMI BEACH, FL 33110  |   |  | Mailing Address<br>5860 PINETREE DRIVE<br>MIAMI BEACH, FL 33110  |   |   |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |   |
| City & State   |   | City & State   |  |   |   |
| Zip  | Country   | Zip  | Country  | 4. FEI Number<br>03072006    Chg-LLC    CR2E083 (11/05)                           |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required         |   |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |   |   |
| GARCIA, CARLOS<br>5860 PINETREE DRIVE<br>MIAMI BEACH, FL 33110   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GARCIA, CARLOS<br>5860 PINETREE DRIVE<br>MIAMI BEACH, FL 33110 | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GARCIA, YASMIN<br>5860 PINETREE DRIVE<br>MIAMI BEACH, FL 33110 | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |  |   |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | Date <u>3/27/06</u> Daytime Phone # _____  |   |   |