


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED
Apr 09, 2007 8:00 am
Secretary of State

03-16-2007 90155 037 ****50.00

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DOCUMENT # L05000076627 1. Entity Name 6944 BYRON AVENUE LLC					
Principal Place of Business 5860 PINETREE DRIVE MIAMI BEACH, FL 33110			Mailing Address 5860 PINETREE DRIVE MIAMI BEACH, FL 33110		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address P.O. Box 402566			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State miami beach		4. FEI Number NOT APPLICABLE	
Zip 	Country 	Zip 33140	Country FL	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, CARLOS 5860 PINETREE DRIVE MIAMI BEACH, FL 33110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, CARLOS 5860 PINETREE DRIVE MIAMI BEACH, FL 33110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, YASMIN 5860 PINETREE DRIVE MIAMI BEACH, FL 33110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____	
				<small>Daytime Phone #</small> _____	