


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-06-2008 90246 017 \*\*\*138.75

<b>DOCUMENT # L05000076627</b>	
1. Entity Name 6944 BYRON AVENUE LLC	

Principal Place of Business 5860 PINETREE DRIVE MIAMI BEACH, FL 33110	Mailing Address PO BOX 402566 MIAMI BEACH, FL 33140
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2. Principal Place of Business - No P.O. Box # <i>3233 Palm Ave 4th Fl</i>	3. Mailing Address <i>P.O. Box 402566</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Hialeah FL</i>	City & State <i>Miami Beach FL</i>
Zip <i>33012</i>	Country <i>USA</i>
Zip <i>33140</i>	Country <i>USA</i>

**60012834**



01232008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  GARCIA, CARLOS 5860 PINETREE DRIVE MIAMI BEACH, FL 33110	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>  <small>Daytime Phone #</small>