


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 08:00 A.**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L05000089877</b><br>1. Entity Name<br>524 VALENCIA AVENUE, LLC |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br>524 VALENCIA AVE.<br>CORAL GABLES FL 33134 | Mailing Address<br>744 BILTMORE WAY SUITE 2<br>CORAL GABLES FL 33134 |
|---|--|



|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc | 3. Mailing Address<br><br>Suite, Apt. #, etc |
|--|--|

1st MOORE      CR2E083 (10/06)

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><br>Zip      Country | City & State<br><br>Zip      Country |
|--------------------------------------|--------------------------------------|

|   |  |
|---|--|
| 4. FEI Number<br>11-3762677   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>MENOYO, FERNANDO E<br>744 BILTMORE WAY SUITE 2<br>CORAL GABLES FL 33134 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE:

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS |                                     |
|------------------------------|-------------------------------------|
| TITLE                        | MGR <input type="checkbox"/> Delete |
| NAME                         | MENOYO, FERNANDO                    |
| STREET ADDRESS               | 744 BILTMORE WAY SUITE 2            |
| CITY- ST- ZIP                | CORAL GABLES FL 33134               |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY- ST- ZIP                |                                     |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY- ST- ZIP                |                                     |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY- ST- ZIP                |                                     |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY- ST- ZIP                |                                     |

| 10. ADDITIONS/CHANGES |  |
|-----------------------|--|
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                  | 000000729225 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS        | 05/08/07-80030-025 50.00   |
| CITY- ST- ZIP         |  |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                  |  |
| STREET ADDRESS        |  |
| CITY- ST- ZIP         |  |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                  |  |
| STREET ADDRESS        |  |
| CITY- ST- ZIP         |  |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                  |  |
| STREET ADDRESS        |  |
| CITY- ST- ZIP         |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Fernando E. Menoyo*      **FERNANDO E. MENOYO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      **MANAGER**  
 Date: **4/20/07**      Daytime Phone: **305-443-3444**