

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90031 025 ****50.00

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DOCUMENT # L05000094849 1. Entity Name 3181 OAK AVENUE LLC					
Principal Place of Business 9730 E HIBISCUS STREET MIAMI, FL 33157			Mailing Address 10250 SW 110 ST MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 9730 E H. Hibiscus St Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 01-0846412	
Zip 33157		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPANOS DEVELOPMENT GROUP LLC 10250 SW 110 ST MIAMI, FL 33157				7. Name and Address of New Registered Agent Name: Rapanos Development Group LLC Street Address (P.O. Box Number is Not Acceptable) 9730 E H. Hibiscus St City: Miami FL Zip Code: 33157	
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: (NOTE: Registered Agent signature required when re-registering.) DATE: 4/10/07					
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	MGRM RAPANOS DEVELOPMENT GROUP LLC 10250 SW 110 ST MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rapanos Development Group LLC 9730 E H. Hibiscus St Miami FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKRAM DEVELOPMENT LLC 7390 SW 116 TERRACE MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR R&D PROPERTY INVESTMENT LLC 7900 NW 36 ST MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
SIGNATURE:				Date: 4/10/07 Daytime Phone #: 786-271-3125	