


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L05000101152**

1. Entity Name  
**BIRD ROAD, LLC**



Principal Place of Business <b>4535 PONCE DE LEON BLVD.          CORAL GABLES, FL 33146</b>	Mailing Address <b>4535 PONCE DE LEON BLVD.          CORAL GABLES, FL 33146</b>
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**DO NOT WRITE IN THIS SPACE**



02282007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>03-0472485</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PADRON, CARLOS E  
 2 ALHAMBRA PLAZA, SUITE 860  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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 reappointing)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

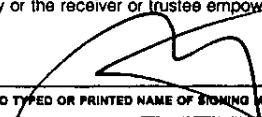
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR          HERNANDEZ, HARVEY          4535 PONCE DE LEON BLVD.          CORAL GABLES, FL 33146</b>
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 05/08/07-80033-014 50.00

**DO NOT WRITE IN THIS SPACE**

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: **4-20-07**      Daytime Phone #: **305-740-0619**