


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90049 031 ****50.00

DOCUMENT # L05000103375					
1. Entity Name 2770 BUFORD HIGHWAY LLC					
Principal Place of Business 3802 N.E. 207 STREET, SUITE 2303 AVENTURA, FL 33180			Mailing Address 3802 N.E. 207 STREET, SUITE 2303 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3805651			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ALTMAN, STUART H ESQ 1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>RESTREPO, RAFAEL F</u> Street Address (P.O. Box Number is Not Acceptable) <u>3802 N.E. 207th STREET Suite 2303</u> City <u>AVENTURA</u> <u>FL</u> Zip Code <u>33180</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>01-16-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGR RESTREPO, RAFAEL F 3802 NE 207th STREET Suite 2303 AVENTURA, FL 33180		
			MGR RESTREPO, MARIA E 3802 NE 207th STREET Suite 2303 AVENTURA, FL 33180		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>01-16-06</u> Daytime Phone # <u>305 773 2699</u>		