

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000012700 1. Entity Name BIRD AVENUE GROUP, LLC						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">07 MAY -1 PM 4:27</div> <div style="font-size: 1.2em; font-weight: bold; opacity: 0.5;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>							
Principal Place of Business 2734 BIRD AVENUE 212 MIAMI, FL 33133 US			Mailing Address 2734 BIRD AVENUE 212 MIAMI, FL 33133 US										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">BK</div>		04302007 Chg-LLC CR2E083 (12/06)		4. FEI Number 75-3207928		Applied For <input type="checkbox"/> Not Applicable			
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent MARTINEZ, JAIRO M MR 7910 CAMINO REAL 308 MIAMI, FL 33143							
7. Name and Address of New Registered Agent Name Jairo Martinez Street Address (P.O. Box Number is Not Acceptable) 7910 Camino Real #308 City MIAMI FL Zip Code 33143						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 _____							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State				9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR PALACINO, FRANCISCO J 16627 SW 144 CT MIAMI, FL 33177		<input type="checkbox"/> Delete		10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP		(MGR) JAIRO M Martinez 7910 Camino Real #308 Miami, FL 33143		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SEC FERNANDEZ, HUMBERTO 16656 SW 78 TERR MIAMI, FL 33193		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		BK 300102195063 05/11/07--01007--015 **50.00		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #													