

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000012700

1. Entity Name  
BIRD AVENUE GROUP, LLC



**FILED**  
07 MAY -1 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BK

04302007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

75-3207928

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JAIRO M MR  
7910 CAMINO REAL  
308  
MIAMI, FL 33143

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

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 MGR  
NAME PALACINO, FRANCISCO J  
STREET ADDRESS 16627 SW 144 CT  
CITY-ST-ZIP MIAMI, FL 33177 ☐ Delete

TITLE (MGR)  
NAME JAIRO M Martinez ☐ Change ☒ Addition  
STREET ADDRESS 7910 Camino Real #308  
CITY-ST-ZIP Miami, FL 33143

TITLE SEC  
NAME FERNANDEZ, HUMBERTO ☒ Delete  
STREET ADDRESS 16656 SW 78 TERR  
CITY-ST-ZIP MIAMI, FL 33193

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
BK 300102195063  
05/11/07--01007--015 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 #