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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000029249

1. Entity Name
27TH AVE. INVESTMENT, LLC

60040557

Principal Place of Business	Mailing Address
7700 N. KENDALL DRIVE SUITE 808 MIAMI, FL 33156	7700 N. KENDALL DRIVE SUITE 808 MIAMI, FL 33156

03192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1500 SW 27 AVENUE	1500 SW 27 AVENUE
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI FL
Zip: 33145 Country	Zip: 33145 Country

4. FEI Number: 20-8664172 ☐ Applied For ☐ Not Applicable

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
SALAZAR, GERMAN A 7700 N KENDALL DRIVE SUITE 808 MIAMI, FL 33156	Name: MIREYA MANZANO Street Address (P.O. Box Number is Not Acceptable): 5900 SW 97 Th COURT City: MIAMI FL Zip Code: 33173

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: Mireya Manzano MIREYA MANZANO APRIL 20, 2007
Signature, typed 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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MIREYA MANZANO 5900 SW 97 Th COURT MIAMI FL 33173	☐ 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
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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: Mireya Manzano MIREYA MANZANO April 20, 2007 305-448-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 60040557
#L06000029249

Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-8664172 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
27TH AVENUE INVESTMENT LLC

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name MIREYA MANZANO
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 5900 SW 97TH COURT	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code MIAMI FL 33173 - 1495	5b City, state, and ZIP code -
6* County and state where principal business is located County MIAMI DADE State FL	
7a Name of principal officer, general partner, grantor, owner, or trustor GERARDO MANZANO	7b SSN, ITIN, EIN 261-53-0286

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☑ Other (specify) ▶ LIMITED LIABILITY CO
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption NO. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country

9* Reason for applying (check only one)
- ☑ Started new business (specify type) ▶ REAL ESTATE INVESTME
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year) MAR 1 2007	11 Closing month of accounting year DEC

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ JAN 1 2008

13 Highest number of employees expected in the next twelve months *Note: If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture	Household	Other 1

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☑ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Retail
- ☐ Wholesale-other
- ☐ Other (specify)

15* Indicate principal line of merchandise sold; specific construction work done; products produced, or services provided.
REAL ESTATE INVESTMENT MANAGEMENT COMPANY

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note If "Yes" please complete lines 16b and 16c

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (month, day, year)	City and state where filed	Previous EIN
		-

Third Party Designee — Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

Designee's name	Designee's telephone number (include area code)
Address and ZIP code -	( ) - Designee's fax number (include area code) ( ) -

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Signature ▶ Not Required Date ▶ March 19, 2007 GMT	Applicant's telephone number (include area code) (305) 448 - 1500 Applicant's fax number (include area code) (305) 448 - 8681