2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000032927

FILED Jan 14, 2008 8:00 am Secretary of State 01-14-2008 90050 033 ***138.75

| Perception Place of Business Mailing Address 14005 SW 127 ST | 1. Entity Name AV8R, LL | | | | | | | | | |
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| FILE NOWILI FEE IS S138 75 After May 1, 2008 Fee will be \$538.75 B. The above named entity submitightly-platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Department of State B. The above named entity submitightly-platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Department of State B. The above named entity submitightly-platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Department of State B. The above named entity submitightly-platement 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 ochgolosis of registered agent, or both, in the State of Florida. I am familiar with, and accept the ochgolosis of registered agent, or both, in the State of Florida Department of State B. The above named entity submitightly-platement for the department of the changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the ochgolosis of registered agent, or both, in the State of Florida. I am familiar with, and accept the ochgolosis of registered agent, or both, in the State of Florida Department of State B. The above named entity submitightly-platement for the department of Plate agents are required agent, or both, in the State of Florida. I am familiar with, and accept the ochgolosis of registered agent, or both, in the State of Florida. I am familiar with, and accept the ochgolosis of registered agent, or both, in the State of Florida. I am familiar with, and accept the ochgolosis of registered agent, or both, in the State of Florida. I am familiar with, and accept the ochgolosis of registered agent, or both, in the State of Florida. I am familiar with, and accept the ochgolosis of registered agent | Principal Place of Business | | Mailing Address | | | | £ | 0001 | 592 | |
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| SIGNATURE Signature. Proced or critical name of registered agent and time if apolicable. (NOTE: Registered Agens signisture required when remostatory) PILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIII.E MGRM BRADMAN, SOLOMON NAME SIREET ADDRESS OITY-ST-2P IIII.E MAME SIREET ADDRESS OITY-ST-2P III.E MAME SIREET ADDRESS OI | , | • • | | City MIA | ami | | FL | Zin Cod | 1960 | |
| SIGNATURE Signature, typed or orlind name of registered agent and tries if applicable. (NOTE Registered Agent signature required when remaillaring) DATE | | | | | | | | | | |
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| CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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 | | certify that the information supplied with | this filing does not qualify fo | | | ined in Chapter 119 | , Aorida Statutes. I fi | urther certif | y that the info | ormation |