

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060695

Entity Name: A.V. FENIX LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

250 181 DR., APT. 102
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

18800 NE 29 AVENUE
SUITE 929
AVENTURA, FL 33180 US

Current Mailing Address:

250 181 DR., APT. 102
SUNNY ISLES, FL 33160 US

New Mailing Address:

7660 SW 83 COURT
MIAMI, FL 33143 US

FEI Number: 20-5245741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOMBAUM, RICARDO
250 181 DR., APT. 102
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

FLOMBAUM, RICARDO
18800 NE 29 AVENUE
SUITE 929
AVENTURA, FL 33143 US

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.

SIGNATURE:

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: FLOMBAUM, RICARDO A
Address: 250 181 DR., APT. 102
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: VPD () Delete
Name: FILMUS, GUILLERMO E
Address: 2841 NE 163 STREET
City-St-Zip: MIAMI, FL 33160 US

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: FLOMBAUM, RICARDO A
Address: 18800 NE 29 AVENUE #929
City-St-Zip: AVENTURA, FL 33180 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICARDO FLOMBAUM

M

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date