


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90260 004 ****50.00

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| DOCUMENT # L06000077130 |  |
| 1. Entity Name AVANTI WAY REALTY, LLC | |

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|--|--|
| Principal Place of Business 175 FONTAINEBLEAU BLVD., SUITE 2A5 MIAMI, FL 33172 | Mailing Address 175 FONTAINEBLEAU BLVD., SUITE 2A5 MIAMI, FL 33172 |
|--|--|

60048247



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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

04262007 Chg-LLC CR2E083 (12/06)

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|---------------------------------|---------------------------------|
| City & State Zip Country | City & State Zip Country |
|---------------------------------|---------------------------------|

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| 4. FEI Number 13-4340305 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KORDA, ANDRES 524 WASHINGTON AVE., APT. 202 MIAMI BEACH, FL 33139 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TERAN, CECILIA 908 N.W. 106 AVE. CIRCLE MIAMI, FL 33172 <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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

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|--|-------------------------|-----------------|
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | 04/30/07 Date | Daytime Phone # |
|--|-------------------------|-----------------|