2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-25-2007 90043 045 ****50.00

DOCUMENT # L06000079037

1. Entity Name
AQ 3906 LLC

Principal Place of Business
18206 COLLINS AVENUE
SUNNY ISLES, FL 33160

Mailing Address
18206 COLLINS AVENUE
SUNNY ISLES, FL 33160

01102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
9577 Harding Ave
Suite, Apt. #, etc.
City & State: Surfside, Fl
Zip: 33154 Country: USA

3. Mailing Address
9577 Harding Ave
Suite, Apt. #, etc.
City & State: Surfside, Fl
Zip: 33154 Country: USA

4. FEI Number: 20-5481016 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GLEIZER, HERNAN
18206 COLLINS AVENUE
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name: Gleizer, Hernan
Street Address (P.O. Box Number is Not Acceptable): 9577 Harding Ave.
City: Surfside FL Zip Code: 33154

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, 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

TITLE	MGR	☐ Delete
NAME	MASRI, SALOMON	
STREET ADDRESS	18206 COLLINS AVENUE	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	MGR	☐ Delete
NAME	ALPERN, FERNANDO	
STREET ADDRESS	18206 COLLINS AVENUE	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	☐ Change ☐ Addition
NAME	Masri, Salomon	
STREET ADDRESS	9577 HARDING AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	MGR	☐ Change ☐ Addition
NAME	Alpern, Fernando	
STREET ADDRESS	9577 HARDING AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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 #