
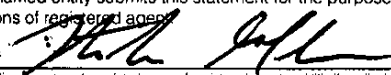
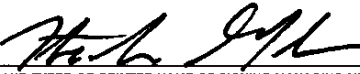


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90011 033 ****50.00

DOCUMENT # L06000080286					
1. Entity Name 2500 BAY AVE, LLC					
Principal Place of Business 100 SE 2ND STREET STE 2650 MIAMI, FL 33131			Mailing Address 100 SE 2ND STREET STE 2650 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 1000 WEST AVE.		3. Mailing Address 1000 WEST AVE.			
Suite, Apt. #, etc. Suite 1415		Suite, Apt. #, etc. Suite 1415			
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL			
Zip 33139		Country U.S.A.		Zip 33139	
				Country U.S.A.	
6. Name and Address of Current Registered Agent CRUZ, DIANA 100 SE 2ND STREET STE 2650 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name NATHAN HEBER Street Address (P.O. Box Number is Not Acceptable) 1000 WEST AVENUE Suite 1415 City MIAMI BEACH FL Zip Code 33139		
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 				DATE 1-10-07	
(NOTE: Registered Agent signature required when reinstating)					
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	MGRM. CRUZ, DIANA 100 SE 2ND STREET STE 2650 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATHAN HEBER 1000 WEST AVE. STE. 1415 MIAMI BEACH, FL 33139 <input checked="" 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	
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	
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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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	
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: 			Date 1-10-07 Daytime Phone # 305-479-7794		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					