

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-05-2007 90201 047 ****55.00

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DOCUMENT # L06000096933					
1. Entity Name AYME PROPERTIES, LLC					
Principal Place of Business 8325 SW 54 AVE MIAMI, FL 33148 / 3			Mailing Address 8325 SW 54 AVE MIAMI, FL 33148 / 3		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5612609		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ESPINOSA-MENDOZA, CRISTINA CPA 8325 SW 54 AVE MIAMI, FL 33148 / 3			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code 33143		
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 <i>[Signature]</i> CPA				DATE 1/31/07	
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	MGRM <input type="checkbox"/> Delete	TITLE	ESPINOSA, CRISTINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESPINOSA, CRISTINA	NAME			
STREET ADDRESS	8325 SW 54 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33148 / 3	CITY-ST-ZIP	33143		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESPINOSA, MANUAL A	NAME			
STREET ADDRESS	8330 SW 56TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESPINOSA, ROMULA A	NAME			
STREET ADDRESS	8201 SW 87TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESPINOSA, ANGEL J JR	NAME			
STREET ADDRESS	8380 SW 90TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESPINOSA, CHARLES	NAME			
STREET ADDRESS	1215 BLUE ROAD	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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 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: <i>[Signature]</i>				DATE 1/31/07 DAYTIME PHONE # 305 666 3924	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					