2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L07000040033

Entity Name: AVE PHOENIX. US LLC

Current Principal Place of Business:

11820 SOUTH MITCHELL MANOR CIRCLE
PINECREST, FL 33156

New Principal Place of Business:

5711 SW 88 ST
PINECREST, FL 33156

Current Mailing Address:

11820 SOUTH MITCHELL MANOR CIRCLE
PINECREST, FL 33156

New Mailing Address:

5711 SW 88 ST
PINECREST, FL 33156

FEI Number: 11-3811628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEIMAN, LEENA
11820 SOUTH MITCHELL MANOR CIRCLE
PINECRESR, FL 33156 US

Name and Address of New Registered Agent:

HEIMAN, LEENA
5711 SW 88 ST
PINECRESR, FL 33156 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: 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEIMAN, LEENA
Address: 11820 SOUTH MITCHELL MANOR CIRCLE
City-St-Zip: PINECREST, FL 33156

Title: MGRM (X) Delete
Name: JITRIC, CARLOS
Address: 11820 SOUTH MITCHELL MANOR CIRCLE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: HEIMAN, LEENA
Address: 5711 SW 88 ST
City-St-Zip: PINECREST, FL 33156

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: LEENA HEIMAN CEO 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date