## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000035389

Entity Name: BIRD AVENUE LAND INVESTMENTS, LLC

18001 OLD CUTLER ROAD, SUITE 370

PALMETTO BAY, FL 33157

Address:

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

| Current Principal Place of Business:        |                                 |                                | New Principal Place of Business:            |                                                   |  |
|---------------------------------------------|---------------------------------|--------------------------------|---------------------------------------------|---------------------------------------------------|--|
| 18001 OLI<br>PALMETT                        | O CUTLER RC<br>O BAY, FL 33     | AD, SUITE 370<br>157           |                                             |                                                   |  |
| Current Mailing Address:                    |                                 |                                | New Mailing Address:                        |                                                   |  |
|                                             | O CUTLER RC<br>O BAY, FL 33     | AD, SUITE 370<br>157           |                                             |                                                   |  |
| FEI Number                                  | : 26-2364552                    | FEI Number Applied For()       | FEI Number Not Appl                         | icable ( ) Certificate of Status Desired ( )      |  |
| Name and                                    | d Address of (                  | Current Registered Agent:      | Name and                                    | Address of New Registered Agent:                  |  |
| 11380 PROPALM BEA                           | OSPERITY FA<br>ACH GARDEN       |                                |                                             |                                                   |  |
|                                             | e named entity<br>e of Florida. | submits this statement for the | e purpose of changing if                    | ts registered office or registered agent, or botl |  |
| SIGNATU                                     | RE:                             |                                |                                             |                                                   |  |
|                                             | Electron                        | nic Signature of Registered A  | gent                                        | Date                                              |  |
| MANAGING MEMBERS/MANAGERS:                  |                                 |                                | ADDITIONS/0                                 | CHANGES:                                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | BARED, JOSE                     | TLER ROAD, SUITE 370           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | GARRIGO, IVE                    | TLER ROAD, SUITE 370           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | BARED, CARL                     | TLER ROAD, SUITE 370           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                               |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | BARED, MAUR                     | TLER ROAD, SUITE 370           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                               |  |
| Title:                                      | MGR (<br>MOLINA PATR            | ) Delete                       | Title:<br>Name                              | MGR (X) Change ( ) Addition                       |  |

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.

Address:

City-St-Zip:

18001 OLD CUTLER ROAD, SUITE 370

PALMETTO BAY, FL 33157

SIGNATURE: CARLOS BARED M 04/22/2009