

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000541

FILED
May 01, 2008
Secretary of State

Entity Name: NEW YORK AVENUE PROPERTY, L.L.C.

Current Principal Place of Business:

C/O THE TRIMURTI GROUP
6200 METROWEST BLVD. SUITE 208
ORLANDO, FL 32835

New Principal Place of Business:

C/O THE TRIMURTI GROUP
1801 PREMIER ROW
ORLANDO, FL 32809

Current Mailing Address:

C/O THE TRIMURTI GROUP
6200 METROWEST BLVD. SUITE 208
ORLANDO, FL 32835

New Mailing Address:

C/O THE TRIMURTI GROUP
1801 PREMIER ROW
ORLANDO, FL 32809

FEI Number: 59-3568966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATEL, SUSMA
C/O THE TRIMURTI GROUP
6200 METROWEST BLVD. SUITE 208
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

PATEL, SUSMA
C/O THE TRIMURTI GROUP
1801 PREMIER ROW
ORLANDO, FL 32809 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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, SUSMA
Address: 6200 METROWEST BLVD. SUITE 208
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, SUSMA
Address: 1801 PREMIER ROW
City-St-Zip: ORLANDO, FL 32809

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: S PATEL

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date