



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90063 026 ****50.00

DOCUMENT # M05000002344					
1. Entity Name AIVONES LLC					
Principal Place of Business 25 GRAYSTONE MANOR LEWES, DE 19958			Mailing Address 25 GRAYSTONE MANOR LEWES, DE 19958		
2. Principal Place of Business 25 GRAYSTONE MANOR Suite, Apt. #, etc.		3. Mailing Address 400 KINGS POINT DR. Suite, Apt. #, etc. APT 905			
City & State LEWES, DE		City & State SUNNY ISLES, FL		4. FEI Number 73-1726541	
Zip 19958		Country USA		Zip 33160	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRANDA, HAROLD 400 KINGS POINT DRIVE, APT. 905 SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent Name: JOSE LUIS BARBOZA Street Address (P.O. Box Number is Not Acceptable): 400 KINGS POINT DRIVE, APT 905 City: SUNNY ISLES FL Zip Code: 33160		
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> - HAROLD MIRANDA (PARTNER) DATE: 04/15/2006 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	MGRM MIRANDA, HAROLD S 400 KINGS POINT DRIVE, APT. 905 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBOZA, JOSE LUIS 400 KINGS POINT DRIVE, APT 905 SUNNY ISLES, FL 33160	<input type="checkbox"/> Change <input checked="" 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: <i>[Signature]</i> (HAROLD MIRANDA - PARTNER)		04/14/2006		305-956-2761	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	
<i>[Signature]</i> (JOSE LUIS BARBOZA - PARTNER)		04/14/2006		305-956-2761	