

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000918

FILED
Jan 05, 2007
Secretary of State

Entity Name: CHAVEZ HOLDINGS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

250 WEST COURT STREET
SUITE 200E
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

250 WEST COURT STREET
SUITE 200E
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 31-1609429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAVEZ, MANUEL
Address: 250 WEST COURT STREET, #200E
City-St-Zip: CINCINNATI, OH 45202

Title: MGRM () Delete
Name: CHAVEZ, ROBERT
Address: 250 WEST COURT STREET, #200E
City-St-Zip: CINCINNATI, OH 45202

Title: MGRM () Delete
Name: CHAVEZ, MARTIN
Address: 250 WEST COURT STREET, #200E
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL CHAVEZ

MGRM

01/05/2007

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