


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90204 029 ****55.00

DOCUMENT # L03000007955		
1. Entity Name AVALON LUXURY HOME RENTALS, LLC		
Principal Place of Business 2878 NORTHEAST 26TH STREET FORT LAUDERDALE FL 33305	Mailing Address PO BOX 24851 FORT LAUDERDALE FL 33307	



2. Principal Place of Business 218 E Commercial Blvd	3. Mailing Address 218 E Commercial Blvd
Suite, Apt. #, etc. 101-I	Suite, Apt. #, etc. 101-I

1st MOORE CR2E083 (10/05)

City & State Lauderdale By the Sea FL	City & State Lauderdale By the Sea FL	4. FEI Number 81-0637202	Applied For <input type="checkbox"/> Not Applicable
Zip 33308	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00	Additional Fee Required

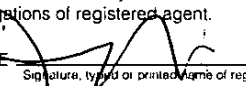
6. Name and Address of Current Registered Agent

**MUNDY, THOMAS G
2878 NORTHEAST 26TH STREET
FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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:  DATE: **2/22/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

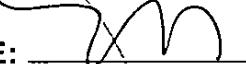
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNDY, THOMAS 2878 NE 26 ST. FORT LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  **954-557 2757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: **2-22-06** Daytime Phone #