


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000027129


1. Entity Name
LARI AVERBECK, L.L.C.



Principal Place of Business Mailing Address
1025 10TH ST. NO. **1025 10TH ST. NO.**
ST PETERSBURG, FL 33705 US **ST PETERSBURG, FL 33705 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-1001655 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

AVERBECK, LARI
1025 10TH ST. NO.
ST PETERSBURG, FL 33705

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

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

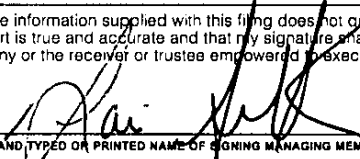
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AVERBECK, LARI	
STREET ADDRESS	1025 10TH ST. NO.	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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 04/24/07-80037-019 58 70

11. I hereby certify that the information supplied with this filing does not qualify for the simplified filing provisions 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 full 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 the same as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Lari Averbeck**
 Manager Date **4-2-07** (727)641-3841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #