


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000035931  
 1. Entity Name  
 AV SHOP, L.L.C.



Principal Place of Business  
 4221 S.E. 53RD AVE.  
 SUITE D  
 OCALA, FL 34480

Mailing Address  
 PO BOX 830501  
 OCALA, FL 34483



04252006No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0506147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

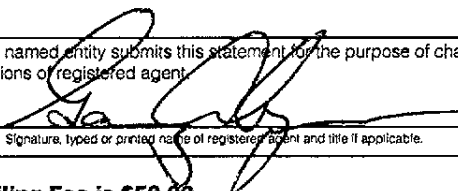
**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ALMGREN, GARY A MANAGER  
 P. O. BOX 830501  
 OCALA, FL 34483

**DO NOT WRITE IN THIS SPACE**

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 4/26/06

(NOTE: Registered Agent signature required when reinstating)

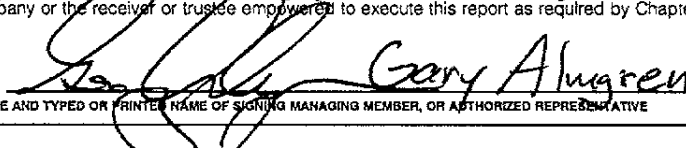
**Filing Fee is \$50.00 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALMGREN, GARY A 5253 S. E. 38TH ST. OCALA, FL 34483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000540002  
 05/09/06-80122-005 50.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE 4/26/06 (352) 694-1241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #