

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041046

FILED
Jun 29, 2009
Secretary of State

Entity Name: AVALON PRESERVE DEVELOPERS, L.L.C.

Current Principal Place of Business:

11854 BAYPORT LANE
3
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

11854 BAYPORT LANE
3
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 20-1216559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZUKERMAN, HAIM M
11854 BAYPORT LANE
3
FT. MYERS, FL 33908 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: MGR () Delete
Name: ZUKERMAN, HAIM M
Address: 11854 BAYPORT LANE # 3
City-St-Zip: FT. MYERS, FL 33908

Title: MGR () Delete
Name: ZUCKERMAN, RON
Address: 11854 BAYPORT LANE # 3
City-St-Zip: FT. MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: SEC () Change (X) Addition
Name: CALLAWAY, FRANK T
Address: PO BOX 550636
City-St-Zip: ATLANTA, GA 30355

I hereby certify that the information supplied with this filing does not qualify 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: FRANK CALLAWAY

SEC

06/29/2009

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