

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


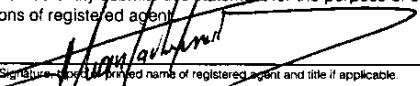
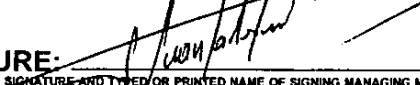
FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90020 050 ***138.75

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04212008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000074903			
1. Entity Name AVANTI GROVES, L.L.C.			
Principal Place of Business 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243		Mailing Address 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box # 3054 UNIVERSITY PARKWAY		3. Mailing Address 3054 UNIVERSITY PARKWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34243	Country U.S.	Zip 34243	Country U.S.
4. FEI Number 20-1762242		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CURCI, JUAN C 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name CURCI, JUAN C Street Address (P.O. Box Number is Not Acceptable) 3054 UNIVERSITY PARKWAY City SARASOTA, FL FL Zip Code 34243	
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 042208	
Signature of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURCI, JUAN C 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURCI, JUAN C 3054 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURCI, MIGUEL A 3054 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 of its assets empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 042208 9413515310	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	