
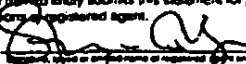



**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90152 007 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L05000015092</b> 1. Entity Name <b>AVALON HOMES, LLC</b>		
Principal Place of Business <b>6820 PORTO FINO CIRCLE, SUITE 2          FORT MYERS, FL 33912</b>		Mailing Address <b>6820 PORTO FINO CIRCLE, SUITE 2          FORT MYERS, FL 33912</b>
2. Principal Place of Business - No P.O. Box # <b>2385 TRADE CENTER</b> <small>Subs. Act. #, etc.</small> <b>200</b>		3. Mailing Address <small>Subs. Act. #, etc.</small>
City & State <b>NAPLES FL</b>		City & State <b>20</b>
Zip Code <b>34109</b>		Country <b>USA</b>
4. FEI Number <b>84-1672034</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Addtional Fee Required		03312007 Chg-LLC CR2E083 (12/06)
6. Name and Address of Current Registered Agent <b>NUNEZ, WILLIAM          6820 PORTO FINO CIRCLE, SUITE 2          FORT MYERS, FL 33912</b>		7. Name and Address of New Registered Agent Name: <b>Stan Piappit</b> Street Address (P.O. Box Number is Not Acceptable): <b>2385 TRADE CENTER WAY          SUITE 200          NAPLES FL 34109</b>
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: <b>4/6/07</b> <small>NOTE: Registered Agent signature required when transferring.</small>		
Filing Fee to \$50.00 Due by May 1, 2007		States check payable to Florida Department of State
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE <b>MGRM</b>	NAME <b>NUNEZ, WILLIAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>6820 PORTO FINO CIRCLE, SUITE 2</b>	CITY- ST- ZIP <b>FT. MYERS, FL 33912</b>	<input type="checkbox"/> Delete
<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGRM - PRESIDENT</b>	NAME <b>WILLIAM NUNEZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2385 TRADE CENTER WAY</b>	CITY- ST- ZIP <b>NAPLES FL 34109</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MGRM - Vice President</b>	NAME <b>STANLEY W. PIAPPIT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>12485 WHITE VIOLET DR.</b>	CITY- ST- ZIP <b>NAPLES FL 34119</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MEMBER SECRETARY</b>	NAME <b>JDEL MORI, MANNY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2385 TRADE CENTER WAY # 200</b>	CITY- ST- ZIP <b>NAPLES, FL 34109</b>	<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 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  DATE: <b>4/26/07</b>		239-566-8270

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