2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90033 038 ***150.00

DOCUMENT # P03000047176

1. Entity Name
AVION APARTMENTS, INC.

Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308	1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1801 Hermitage Boulevard	1801 Hermitage Boulevard
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-0018608
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TODD, DAVID E 1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308	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)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, DOUGLAS W 1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1801 Hermitage Boulevard, Suite 100
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAT GRAY, LYNNE M 1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1801 Hermitage Boulevard, Suite 100
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAS SMITH, JEFFREY L 1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1801 Hermitage Boulevard, Suite 100
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TOGNARELLI, MAURY R 191 N. WACKER DR., SUITE 2500 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MCCARTHY, THOMAS D 191 N. WACKER DR., SUITE 2500 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS KURNICK, KAREN 191 N. WACKER DR., SUITE 2500 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen K. Kurnick 4/8/05 312-425-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #