

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90033 038 ***150.00

DOCUMENT # P03000Q47176 1. Entity Name AVION APARTMENTS, INC.					
Principal Place of Business 1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308				Mailing Address 1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308	
2. Principal Place of Business 1801 Hermitage Boulevard Suite, Apt. #, etc. Suite 100		3. Mailing Address 1801 Hermitage Boulevard Suite, Apt. #, etc. Suite 100			
City & State 		City & State 		03282005 Chg-P CR2E034 (10/03)	
Zip 		Country 		4. FEI Number 20-0018608	
Zip 		Country 		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE _____					
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: <i>Karen K. Kurnick</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/8/05 312-425-0477 Date Daytime Phone #		