

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093541

FILED
Apr 18, 2006
Secretary of State

Entity Name: AVERY EQUITY INVESTMENTS, LLC

Current Principal Place of Business:

9693 WESTOVER CLUB CIRCLE
WINDERMERE, FL 34786

New Principal Place of Business:

8815 CONROY-WINDERMERE ROAD
SUITE 164
ORLANDO, FL 32835

Current Mailing Address:

9693 WESTOVER CLUB CIRCLE
WINDERMERE, FL 34786

New Mailing Address:

8815 CONROY-WINDERMERE ROAD
SUITE 164
ORLANDO, FL 32835

FEI Number: 20-3588800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KEITH C ESQ.
121 NORTH COLLINS STREET
PLANT CITY, FL 33563 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: MGRM () Delete
Name: NORDGREN, ANNE MARIE
Address: 9693 WESTOVER CLUB CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: NORDGREN, ERIK
Address: 9693 WESTOVER CLUB CIRCLE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NORDGREN, ANN MARIE
Address: 9693 WESTOVER CLUB CIRCLE
City-St-Zip: WINDERMERE, FL 34786

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANN MARIE NORDGREN

MGRM

04/18/2006

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