


**2006 FOR PROFIT CORPORATION / ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 348890**

1. Entity Name  
**AVATAR DEVELOPMENT CORPORATION**



Principal Place of Business      Mailing Address

**201 ALHAMBRA CIRCLE**      **201 ALHAMBRA CIRCLE**  
**12TH FL**      **12TH FL**  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



03292006    No Chg-F    CR2E034 (11/05)

4. FEI Number  
**59-1270989**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I.**  
**201 ALHAMBRA CIRCLE**  
**12TH FL**  
**CORAL GABLES, FL 33134**

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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 file if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LEVY, MICHAEL
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VTD
NAME	MCNAIRY, CHARLES
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	GETMAN, DENNIS J.
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	KERRIGAN, JUANITA I.
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	PD
NAME	KELFER, GERALD
STREET ADDRESS	201 ALHAMBRA CIRCLE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/16/06-80021-025 158.75

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12. 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 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: *Juanita I. Kerrigan, Secretary*    4/24/06    (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**JUANITA I. KERRIGAN**