

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000014766

**Entity Name:** AVH REALTY, LLC**Current Principal Place of Business:**395 VILLAGE DRIVE  
KISSIMMEE, FL 34759**Current Mailing Address:**8601 N. SCOTTSDALE ROAD,  
SUITE 225  
SCOTTSDALE, AZ 85253 US**FEI Number:** 45-4462575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title MGRM  
Name AVATAR PROPERTIES, INC.  
Address 395 VILLAGE DRIVE  
City-State-Zip: KISSIMMEE FL 34759

Title EXECUTIVE VICE PRESIDENT AND  
TREASURER  
Name BURNETT, MICHAEL S  
Address 8601 N. SCOTTSDALE ROAD  
SUITE 225  
City-State-Zip: SCOTTSDALE AZ 85253

Title VP  
Name KONDERIK, MELISA BOROSS  
Address 8601 N. SCOTTSDALE ROAD  
SUITE 225  
City-State-Zip: SCOTTSDALE AZ 85253

Title PRESIDENT  
Name CREGG, ROGER A  
Address 8601 N. SCOTTSDALE ROAD  
SUITE 225  
City-State-Zip: SCOTTSDALE AZ 85253

Title EXECUTIVE VICE PRESIDENT AND  
SECRETARY  
Name SHULLAW, S. GARY  
Address 8601 N. SCOTTSDALE ROAD  
SUITE 225  
City-State-Zip: SCOTTSDALE AZ 85253

Title ASST. VP  
Name KANJIAN, ROBERT  
Address 10023 SW OAK TREE CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34987

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** S. GARY SHULLAW**EVP AND SECRETARY****04/25/2017**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date