

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000175

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** AVANTI WELLNESS CENTER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

165 SOUTH PARK BOULEVARD, D  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

3574 US 1 SOUTH  
SUITE 113  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

165 SOUTH PARK BOULEVARD, D  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

3574 US 1 SOUTH  
SUITE 113  
ST. AUGUSTINE, FL 32086

**FEI Number:** 26-4448439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLAZA, SUITE 700  
MIAMI, FL 33131 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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HERNANDEZ, KRISTINA

Address: 165 SOUTH PARK BOULEVARD, D

City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDRESS CHANGES ONLY:**

Address: 2200 SW 118 AVE

City-St-Zip: MIRAMAR, FL 33025

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: KRISTINA HERNANDEZ

P

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date