## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## CORPORATION

## FILED Apr 29, 2008 8:00 am Secretary of State

ANNUAL REPORT						Secretary or state						
DOCUMENT # F69304  1. Entity Name  AMATABLE FIGURE 1 AVEC 1NO							04-29-2008	90084	018 ***158	3.75		
AVATAR LEISURE LAKES, INC.						• 0.11.1						
Principal Place of Business Mailing Address						4003	90000					
201 ALHAME	BRA CIRCLE	201 ALHAMBRA CIRCLE			:							
12TH FL Coral Gables, Fl 33134		12TH FL										
CURAL GADE	ES, FL 33134	CORAL GABLES, FL 33	CORAL GABLES, FL 33134			1 1811 181 181				M I III		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04012008	Chg-P	CR2E	034 (12/06)			
City & State		City & State			4. FEI Number Applied For 65-0012731 Not Applicable							
Zip Country		Zip Coun		try		5. Certificate of	Status Desired	X	\$8.75 Add Fee Required	itional		
Name and Address of Current Registered Agent						7. Name and A	ddress of New R	legistered	Agent			
KERRIGAN, JUANITA I.				Name								
201 ALHA	MBRA CIRCLE					reet Address (P.O. Box Number is Not Acceptable)						
12TH FL CORAL GABLES, FL 33134												
	·			City				FI	Zip Code	3		
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 acce									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 NOWALL FEE IS 6450.00 9. Election Campaign Financing \$5.00 May Be												
	E NOW!!!  FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0					00 May Be ad to Fees						
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11		
TITLE			TITLE						Change	■ Addition		
NAME STREET ADORESS	KERRIGAN, JUANITA I. 201 ALHAMBRA CIRCLE 12TH F	1	NAME	E Et address								
CITY-ST-ZIP	CORAL GABLES, FL 33134	L	CITY									
TITLE	P Delete TIT		TITLE						☐ Change	Addition		
NAME	IORIO, JR. A		NAME	1								
STREET ADDRESS CITY-ST-ZIP	201 ALHAMBRA CIRCLE 12TH F CORAL GABLES, FL 33134	L		ET ADORESS -ST-ZIP								
TITLE	VTD	🗶 Delete	TITLE	:	P	• • • • • • • • • • • • • • • • • • • •			☐ Change	Addition		
NAME	MCNAIRY, CHARLES		NAME	Ε	LEV	4 MICH	ner CIR	4-				
STREET ADDRESS CITY-ST-ZIP	201 ALHAMBRA CIRCLE 12TH F CORAL GABLES, FL 33134	L		ET ADDRESS -ST-ZIP	201 (0)	ACHAMO RM- Coro	RACIR BLES, P	y /2 % 3:	313K			
TITLE	VD	Delete	TITLE		VTC	2	oles, p Andy L. MBRA C ABLES, I		Change	Addition		
NAME STREET ADORESS	GETMAN, DENNIS J. 201 ALHAMBRA CIRCLE 12TH F	1	NAME	E Et address	201	A) Ha	200 6	, 	- 11-2			
CITY-ST-ZIP	CORAL GABLES, FL 33134	L		-ST-ZIP	C	ORAL G	MALES	1 RECC	3/30	_		
TITLE	v	☐ Delete	TITLE				<u> </u>		Change	Addition		
NAME	FLETCHER, PATRICIA K		NAME	J								
STREET ADORESS CITY-ST-ZIP	201 ALHAMBRA CIR.   MIAMI, FL 33124			ET ADORESS -ST-ZIP								
TITLE		☐ Delete	TITLE				<u> </u>		☐ Change	☐ Addition		
NAME		• • • • • • • • • • • • • • • • • • • •	NAMI									
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP	costifut host the information available with		CITY	-ST-ZIP			Florido Ctotatos					

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: By: Inanita J. Lingan, VP/Sec. 4(18/08 (305) 442-70000

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

TUANITAL LEARLISAND