2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 28, 2008 8:00 am DOCUMENT # L00000004366 **Secretary of State** 1. Entity Name 02-28-2008 90102 009 ***138.75 AVACADO NORTHLAKE LLC Precipal Place of Business Mailing, Address BOOSE CASEY HUBIFZ MARTENS MCBANE 515 NORTH ELAGLER OR 191H FLOOR BOOSE CASEY LUBITZ MARTENS MCBANE 515 NORTH FLAGLER DR 19TH FLOOR WEST PACK BEACH FL 33401 WEST PACM BEACH FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) 2101 S. Congress Avenue City & State City & State 4. FEI Number Applied For 65-1010041 Delray Beach, FL 33445 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33445 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELMORE, GEORGE T 2101 S CONGRESS Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** City Zip Code 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 Signature, typed or printed name of registered agent and title disoplicable (NOTE: Registroned Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGRM TitieF Delete Change Addition NAME ELMORE, GEOERGE T NAME STREET ADDRESS 2101 S CONGRESS AVENUE STREET ADDRESS CHY-ST-7IP DELRAY BEACH FL 33445 CITY-ST-7/P Addition TITLE ☐ Delete TITLE ☐ Channe NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE THLE ☐ Delete Change Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: 2-16-08 561-6

APPRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

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