APPROVE

## 2001 UNIFORM BUSINESS REPORT (UBR) 10000004728

AVISTA PROPERTIES XV, LLC  Of APR 27 AM II: 15  SECRETARY OF STALE FALL AH ASSEC. FLORIDA  SIST COMPOY ROAD SUITE 20 ORLANDO FL 28911  2. Principal Place of Business SISS COMPOY ROAD SUITE 20 ORLANDO FL 28911  2. Principal Place of Business SISS COMPOY ROAD SUITE 20 ORLANDO FL 28911  2. Principal Place of Business SISS COMPOY ROAD SUITE 20 ORLANDO FL 28911  2. Principal Place of Business SUITE, ACE.  SUIT	200				'N I	(UB	<u>n,                                    </u>		•	AND		
Process The or is Business SITE 200 SIT	DOCUMENT # L0000004728  1. Entity Name AVISTA PROPERTIES XV, LLC							FILED				
SSS CORROY ROAD   SUITE 200   ORLANDO FL 32811												
SSSS CORROY ROAD   SUITE 200   ORLANDO FL 28811	Principal Plac	e of Rusiness	Mai	ling Address					SECR	ETARY OF HASSEE, F	STATE LORIDA	
Suite, Apt #, etc.  Suite,	5353 CONROY ROAD 5353 CONROY ROAD SUITE 200 SUITE 200								a lenkipēja nai unail da	****		
City & State  Name  Name  Street Address of New Registered Agent  City & FL Zip Code  Make Check Payable to Department of State  City & FL Zip Code  Make Check Payable to Department of State  City & FL Zip Code  City & FL Zip Code  City & FL Zip Code  Make Check Payable to Department of State  City & FL Zip Code  City & FL Zip Code  City & FL Zip Code  Make Check Payable to Department of State  City & FL Zip Code  City & F	Principal Place of Business     3. Mailing Address					<del>.</del>					rājuu <b>bra</b> uku <b>b</b> urbuk 1 <b>46</b> 11	
Space   Spac	Suite, Apt.	uite, Apt. #, etc.	, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
Country Zp Country Space Count	City & State			City & State								
Second Comment   Seco	Zip Country			þ	try <b>5.</b> Ce		5. Certit		,	\$5.00 Add	ditional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.	<u></u>	6. Name and Address of Curr	ent Registe	ered Agent		Ī		7. Name	and Address	of New Register		<u>-</u>
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City	VALBULA	NII				Name						
City FL 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.  SIGNATURE    Signature typed or pritted name of registered agent and the if approach.	5353 CONROY ROAD					Street Address (P.O. Box Number is Not Acceptable)						
B. 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  Signature, typed or privided name of registered agent and site if applicable.  INOTE Registered Agent signature required when reinfatting:  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  PILE NOW!! FEE IS \$50.00  PI												
SIGNATURE   Signature, hyperd or printed name of registered agent and title if applicable.   (NOTE Registered Agent algoritation required when reintesting)   DATE	URLANDO	J FL 32011				City				F	Zip Cod	8
Suprature hybed or privated name of registered agent and title it applicable.   INCITE Registered Agent signature required when reinstating)   DATE	8. The above	named entity submits this statemen	nt for the pu	rpose of changing its	registere	ed office or	registered	agent, o	or both, in the St	ate of Florida.		
#####\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***###\$5.00 ***####\$5.00 ***####\$5.00 ***####\$5.00 ***####\$5.00 ***####\$5.00 ***####\$5.00 ***####\$5.00 ***####\$5.00 ***#####\$5.00 ***#####\$5.00 ***#####\$5.00 ***#################################	SIGNATURE .	Signature, typed or printed name of registered a	gent and title if a	pplicable. (NOTE	: Registere	d Agent signati	ure required wh	nen reinstatir	ng)	DAT	E	
TITLE NAME STREET ADDRESS STRET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADRESS STREET ADDRESS STRET ADDRESS STREET ADDRES						-						<b>4</b> 020 05.00
NAME STREET ADDRESS CITY-ST-ZIP    Delete	9.	MANAGING ME	MBERS/ME	MBERS	10.				ADD	ITIONS/CHANG	ES	
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CHANDO, FL 32811  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME S				☐ Delete				H. AN	ITI.		☐ Change	Addition
TITLE IAME IAME IAME ISTREET ADDRESS INTY-ST-ZIP INTLE IAME IAME IAME IAME IAME IAME IAME IAM		SS					5353	5353 CONROY ROAD, SUITE 200			0	
STREET ADDRESS CITY-ST-ZIP  TITLE VAME VAME VAME STREET ADDRESS CITY-ST-ZIP  TITLE VAME STREET ADDRESS CITY-ST-ZIP  TITLE VAME STREET ADDRESS CITY-ST-ZIP  TITLE VAME VAME VAME VAME VAME VAME VAME VAM			,	Delete		i					☐ Change	☐ Addition
NAME   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS     CITY-ST-ZIP						ſ		<u>.</u> ,				
STREET ADDRESS CITY-ST-ZIP  TITLE VAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP		·	Delete				☐ Change			Addition		
TITLE	STREET ADDRESS				STRE	ET ADDRESS						
STREET ADDRESS  ### ADDRESS	TITLE			☐ Delete	TITLE	:					☐ Change	Addition
TITLE IN INDICES INTERET ADDRESS INTY-ST-ZIP INTLE INAME INTERET ADDRESS INTY-ST-ZIP INTLE INAME INTERET ADDRESS INTY-ST-ZIP INTLE INAME INAME INAME INTERET ADDRESS INTY-ST-ZIP INTLE INAME INAME INTERET ADDRESS INTERET ADDRESS INTREET ADDRESS	STREET ADDRESS				STREE	ET ADDRESS						
STREET ADDRESS   STRE				☐ Delete	_						☐ Change	Addition
TILE Delete TITLE Change Addition  AME  TREET ADDRESS  STREET ADDRESS	TREET ADDRESS	•			STREE	ET ADDRESS						
AMME TREET ADDRESS STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·			-	-					· <u></u> -	
				LI Delete		1					Change	Addition
	I			•						,		
1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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	1.   hereby c	ertify that the information supplied	with this filin	g does not qualify for	the exer	nption state	ed in Secti	on 119.0	7(3)(i), Florida S	tatutes. I further of	certify that the in	formation

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

407-581-9000