FILED

ANNUAL REPORT				Secretary of State	
DOCUMENT # L0000008771 1. Entity Name AVA MANAGEMENT LLC				Secretary of State	
849 WYMORE	ce of Business RE ROAD, SUITE 50A E SPRINGS, FL 32714	Mailing Address — 849 WYMORE ROAD, SUITE 5 ALTAMONTE SPRINGS, FL 32			
_			· · · · · · · · · · · · · · · · · · ·	02212006No Chg-LLC CR2E083 (11/05)	
D	O NOT WRITE	e in this spa	CE	4. FEI Number Applied For S2-2259045 Not Applicable \$5.00 Additional Fee Required	
<u> </u>	6. Name and Address of Curren	nt Registered Agent			
ABRIOLA, GARY 849 WYMORE ROAD, SUITE 50A ALTAMONTE SPRINGS, FL 32714				DO NOT WRITE IN THIS SPACE	
the obligati	itions of registered agent.		tered office of register	ored agent, or both, in the State of Florida. It am familiar with, and accept ad when renstating) DATE	
8.		BERS/MANAGERS			
TITLE MAAN: STREET ADDRESS CITY-SI-ZIP	MGR ABRIOLA, ANTHONY V 1737 DOGWOOD FOREST WA LAKE MARY, FL 32746			t tribing to anyon	
tiple Name Sireet address City-St-Zip	MGR ABRIOLA, VIOLET E 1737 DOGWOOD FOREST WA LAKE MARY, FL 32746	AY		UDANAA 7849 03/08/06 80074-006 50.0 0	
Intle Mark Street Address City-St-Zip				DO NOT WRITE	
TITLE NAME SIRELI AOUNESS CHY-SI-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS		_			

11. 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 is true and accurate and that my signature shall have the same legal effect as it 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 609, Florida Statutes.

SIGNATURE: By	ال سوامن	+ Obrusea
SIGNATURE AND THE	DOKE A	E OF SIGNING MANAGING MEMBER,

TITLE NAME STREET ADDRESS City-S1-2/P

2-20-06 Date

RE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daylime Phone #