

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90275 048 ****50.00

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DOCUMENT # L00000008771 1. Entity Name AVA MANAGEMENT LLC					
Principal Place of Business 849 WYMORE ROAD, SUITE 50A ALTAMONTE SPRINGS, FL 32714			Mailing Address 849 WYMORE ROAD, SUITE 50A ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 52-2259045	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ABRIOLA, GARY 849 WYMORE ROAD, SUITE 50A ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE <i>Gary Abriola</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <i>2/12/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABRIOLA, ANTHONY V 1737 DOGWOOD FOREST WAY LAKE MARY, FL 32746			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABRIOLA, VIOLET E 1737 DOGWOOD FOREST WAY LAKE MARY, FL 32746			<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABRIOLA, VIOLET E 1737 DOGWOOD FOREST WAY LAKE MARY, FL 32746			<input type="checkbox"/> Delete	
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 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.					
SIGNATURE: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <i>2/12/07</i>					
Daytime Phone # <i>407-788-0079</i>					