


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90346 015 \*\*\*\*50.00

<b>DOCUMENT # L00000012753</b> 1. Entity Name <b>AVILA FAMILY, L.L.C.</b>					
Principal Place of Business <del>511 PUTTER LANE</del> <b>LONGBOAT KEY, FL 34228</b>			Mailing Address <del>511 PUTTER LANE</del> <b>LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business <b>520 HARBOR CAY OR</b>		3. Mailing Address <b>520 HARBOR CAY OR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LONGBOAT KEY, FL</b>		City & State <b>LONGBOAT KEY, FL</b>		4. FEI Number <b>65-1085275</b>	
Zip <b>34228</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AVILA, J. ALBERT</b> <del>511 PUTTER LANE</del> <b>LONGBOAT KEY, FL 34228</b>			7. Name and Address of New Registered Agent  Name - Street Address (P.O. Box Number is Not Acceptable) <b>520 HARBOR CAY OR</b> City <b>LONGBOAT KEY</b> <b>FL</b> Zip Code <b>34228</b>		
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 <u><i>J.O. Quigley</i></u> DATE <u>2/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>AVILA, J. ALBERT</b> <del>511 PUTTER LANE</del> <b>LONGBOAT KEY, FL 34228</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>520 HARBOR CAY OR</b> <b>LONGBOAT KEY, FL 34228</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>AVILA, HEATHER C</b> <del>511 PUTTER LANE</del> <b>LONGBOAT KEY, FL 34228</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>520 HARBOR CAY OR</b> <b>LONGBOAT KEY, FL 34228</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>J.O. Quigley</i></u>			Date <u>2/19/04</u> Daytime Phone # <u>(941) 387-8084</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					