

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L00000013297

1. Entity Name
AVALON AT GRANDE OAK, L.L.C.



Principal Place of Business
**2055 TRADE CENTER WAY
NAPLES, FL 34109**

Mailing Address
**2055 TRADE CENTER WAY
NAPLES, FL 34109**



01242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3679623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES OF CENTRAL FLORID
390 NORTH ORANGE AVE, STE 1100
ORLANDO, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000508785
04/28/06-80018-015 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------|
| TITLE | M |
| NAME | COTTER, JEFFREY J |
| STREET ADDRESS | 90 MINNEHAHA CIRCLE |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | M |
| NAME | WOOD, G. STUART |
| STREET ADDRESS | 25099 PINEWATER COVE LANE |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/3/06 (239) 597-7722