

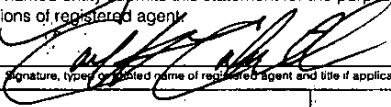
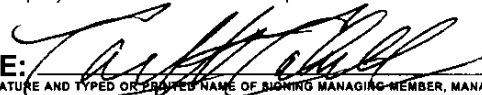


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90056 038 ****50.00

DOCUMENT # L01000004919					
1. Entity Name AVERY PARK, LLC					
Principal Place of Business 131 PARK LAKE STREET ORLANDO, FL 32803			Mailing Address 131 PARK LAKE STREET ORLANDO, FL 32803		
2. Principal Place of Business - No P.O. Box # 801 N. Orange Avenue		3. Mailing Address 801 N. Orange Avenue			
Suite, Apt. #, etc. Suite 820		Suite, Apt. #, etc. Suite 820			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32801-5203	Country USA	Zip 32801-5203	Country USA		
4. FEI Number 59-3721530				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAHILL, CARL H 131 PARK LAKE ST ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name CAHILL, CARL H. Street Address (P.O. Box Number is Not Acceptable) 801 N. Orange Ave., Suite 820 City Orlando		
FL 32801-5203			Zip Code 32801-5203		
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 		CARL H. CAHILL <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/25/07	
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 CAHILL, CARL H 131 PARK LAKE ST ORLANDO, FL 32803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHILL, CARL H. 801 N. Orange Ave., Suite 820 Orlando, FL 32801-5203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHILL, CARL H. 801 N. Orange Ave., Suite 820 Orlando, FL 32801-5203	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHILL, CARL H. 801 N. Orange Ave., Suite 820 Orlando, FL 32801-5203	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHILL, CARL H. 801 N. Orange Ave., Suite 820 Orlando, FL 32801-5203	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHILL, CARL H. 801 N. Orange Ave., Suite 820 Orlando, FL 32801-5203	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHILL, CARL H. 801 N. Orange Ave., Suite 820 Orlando, FL 32801-5203	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		CARL H. CAHILL		DATE 4/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 407-422-5456	