



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

| | | |
|---|---|---|
| DOCUMENT # L01000011653 1. Entity Name REGIONAL DEVELOPMENT/AVALON, LLC | |  |
| Principal Place of Business 5511 HANSEL AVE. ORLANDO, FL 32809 | Mailing Address 5511 HANSEL AVE. ORLANDO, FL 32809 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent RUSSELL, DOUGLAS R 5511 HANSEL AVE. ORLANDO, FL 32809 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM RUSSELL, DOUGLAS R 5511 HANSEL AVENUE ORLANDO, FL 32809 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM SECRIST, ROBERT C 5511 HANSEL AVENUE ORLANDO, FL 32809 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM HOOKER, DOUGLAS P 5511 HANSEL AVENUE ORLANDO, FL 32809 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM HOOKER, MARCUS P 5511 HANSEL AVENUE ORLANDO, FL 32809 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | |
| 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:  4-11-06 407/851-1519 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small> | | |



04102006No Chg-LLC

CR2E083 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-3734115 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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04/28/06-80016-006 50.00