5/22

5/22/2002-90200-0

FILED
Jul 25, 2002 8:00 am
Secretary of State

05-22-2002 90200 009 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018062

1. Entity Name

AVALON ESTATES, LLC

39700

By

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2385 EXECUTIVE CENTER DRIVE SUITE 250 BOCA RATON FL 33431	2385 EXECUTIVE CENTER DRIVE SUITE 250 BOCA RATON FL 33431

2. Principal Place of Business		3. Mailing Address	
14406 S. Military Trail		14406 S. Military Trail	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: Delray		City & State: Delray	
Zip: 33445	Country: PALM	Zip: 33445	Country: PALM

4. FEI Number: 65-1149284 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WORLEY, SCOTT 2385 EXECUTIVE CENTER DRIVE SUITE 250 BOCA RATON FL 33431	Name: Worley, Scott Street Address (P.O. Box Number Is Not Acceptable): 14406 S. Military Trail City: Delray FL Zip Code: 33445

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.

SIGNATURE: [signature] - Scott Worley Manager 1/12/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Manager NAME: Scott Worley STREET ADDRESS: 14406 S. Military Trail, CITY-ST-ZIP: Delray, FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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.

SIGNATURE: Manager [signature] 7/8/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

Manager

RECEIVED
JUL 23 2002
By