2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000018062

1. Entity Name
AVALON ESTATES, LLC

Principal Place of Business	Mailing Address
14406 S MILITARY TRAIL DELRAY BEACH, FL 33445	14406 S MILITARY TRAIL DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

04202004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1149284	Not Applicable

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

6. Name and Address of Current Registered Agent

WORLEY, SCOTT
14406 S MILITARY TRAIL
DELRAY BEACH, FL 33445

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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
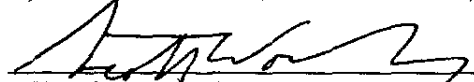
Filing Fee is $50.00
Due by May 1, 2004

U0000012B254
04/26/04-80031-007 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WORLEY, SCOTT
STREET ADDRESS	14406 S MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/21/04

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