## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000018062

1. Entity Name

**AVALON ESTATES, LLC** 



## FILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90003 035 \*\*\*\*55.00

	·				9					
Principal Plac	ce of Business	Mailing Address								
		14406 S MILITARY TRAIL DELRAY BEACH FL 33445	14406 S MILITARY TRAIL DELRAY BEACH FL 33445							
2. Principal P	Place of Business	3. Mailing Address	······································							
October Act of the color		Cuita Ama # ata	Suite, Apt. #, etc.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Num	00 1110201			oplied For ot Applicable	]
Zip	Country	Zip Coun		itry	5. Certifica	5. Certificate of Status Desired \$5.00 Addition Fee Required				
	6. Name and Address of Current	t Registered Agent			7. Name a	nd Address of New Re	gistered Ag	ent		1
wni	RLEY, SCOTT			Name						
1440	06 S MILITARY TRAIL RAY BEACH FL 33445		Street Address			(P.O. Box Number is Not Acceptable)				
	THE BENOTTE COTTO									ļ
	•			City			FL	Zip Cod	e	}
	e named entity submits this statement fitions of registered agent.	or the purpose of changing it	s registere	ed office or regis	stered agent, or b	ooth, in the State of Flor	ida. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered	d Agent signature requ	uired when reinstating)		DATE		<del></del>	
		FILÉ N	OW!!! F	FEE IS \$50.0	10					1
		Make Check Payat	ole to Flo	orida Departr						
		Di	ie By Ma	ay 1, 2003	,	,				
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/0	CHANGES			],
TITLE	MGR	☐ Delete	TITLE	· 1			Ε	Change	Addition	8
NAME STREET ADDRESS	WORLEY, SCOTT 14406 S MILITARY TRAIL		NAME STRE	ET ADORESS	•					13
CITY-ST-ZIP	DELRAY BEACH FL 33445			-ST-ZIP						8
TITLE	·	☐ Delete	TITLE	E .			2	Change	☐ Addition	١
NAME	{		NAME							
STREET ADDRESS				ET ADDRESS -ST-ZIP						
TITLE		Delete	TITLE		* **	· · · · · · · · · · · · · · · · · · ·	Г	☐ Change	Addition	-
NAME			NAME	I .			_		_	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE		☐ Delete	TITLE				[	Change	Addition	
NAME STREET ADDRESS			NAME	ı						
CITY-ST-ZIP				ET ADDRESS -ST-ZIP						l
TITLE		☐ Delete	TITLE		<del>.</del>			Change	Addition	1
NAME			NAME	ı				9v		1
STREET ADDRESS		•	STREE	ET ADDRESS						1
CITY-ST-ZIP			CITY-	-ST-ZIP					···	
TITLE		☐ Delete	TITLE	i i				Change	☐ Addition	
NAME	{		NAME	l		,				
STREET ADDRESS CITY-ST-ZIP	}			ET ADDRESS - ST-ZIP						Ì
	ertify that the information supplied with	h this filing does not qualify for			Section 119.07/	(Ni) Florida Statutos 1	further cortif	that the is	oformation	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify 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:**