


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90170 022 \*\*\*\*50.00

<b>DOCUMENT # L01000018095</b> 1. Entity Name <b>AVMAX INVESTMENTS, LLC</b>					
Principal Place of Business <b>803 SW FIRST AVENUE OCALA, FL 34474</b>			Mailing Address <b>803 SW FIRST AVENUE OCALA, FL 34474</b>		
2. Principal Place of Business <b>2801 SE 1st Avenue</b>		3. Mailing Address <b>2801 SE 1st Avenue</b>			
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc. <b>Suite 101</b>			
City & State <b>Ocala, Florida</b>		City & State <b>Ocala, Florida</b>			
Zip <b>34471</b>		Country <b>USA</b>		4. FEI Number <b>59-3754863</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DELCHARCO, MANUEL F JR. 803 SW FIRST AVENUE OCALA, FL 34474</b>			7. Name and Address of New Registered Agent Name <b>Delcharco, Manuel F. JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2801 SE 1st Avenue</b> <b>Suite 101</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34471</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELCHARCO, MANUEL F JR. 803 SW FIRST AVENUE OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delcharco, Manuel F. JR 2801 SE 1st Avenue, Suite 101 Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 606, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2/7/06</b> Daytime Phone # _____		