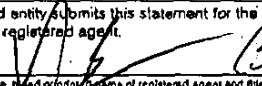
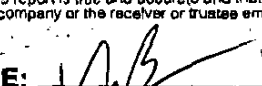


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90072 038 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000019878			
1. Entity Name AVI ECONSULTING, LLC			
Principal Place of Business 2640 CHEROKEE ROAD ST. CLOUD, FL 34772		Mailing Address 2640 CHEROKEE ROAD ST. CLOUD, FL 34772	
2. Principal Place of Business 1716 E. IRLO BRONSON MEM HAV. Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.	
City & State ST. CLOUD FL		City & State same	
Zip 34772		Country USA	
4. FEI Number 65-1158783		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BARBER, VINCENT A 2640 CHEROKEE ROAD ST. CLOUD, FL 34772		7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  (same as before) DATE 4-23-04 Signature, dated on day of month of year of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRT BARBER, VINCENT A 2640 CHEROKEE RD SAINT CLOUD, FL 34772		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S RON, PILEGGI 2640 CHEROKEE RD SAINT CLOUD, FL 34772		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Vincent Barber 4/23/04		407 892 4036	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	