2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# L01000019878

Entity Name: AVI ECONSULTING, LLC

Current Principal Place of Business:

1716 E. IRIS BRONSON MEM HWY.
SAINT CLOUD, FL 34771 US

New Principal Place of Business:

Current Mailing Address:

2640 CHEROKEE ROAD
ST. CLOUD, FL 34772

New Mailing Address:

1716 E. IRLO BRONSON MEM. HWY.
ST. CLOUD, FL 34771

FEI Number: 65-1158983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARBER, VINCENT A
2640 CHEROKEE ROAD
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

BARBER, VINCENT A
1716 E. IRLO BRONSON MEM. HWY.
ST. CLOUD, FL 34771 US

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: VINNY BARBER 05/03/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRT ( ) Delete
Name: BARBER, VINCENT A
Address: 2640 CHEROKEE RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: S ( ) Delete
Name: RON, PILEGGI
Address: 2640 CHEROKEE RD
City-St-Zip: SAINT CLOUD, FL 34772

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VINNY BARBER PRES 05/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date