

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

04-30-2002 90107 005 ****50.00
05-22-2002 90270 035 ****55.00

DOCUMENT # **L01000021959**

1. Entity Name

AVALON Heritage II LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13001 Founders Square Dr

Suite, Apt. #, etc.

3. Mailing Address

13001 Founders Square Dr

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32828

Country

City & State

ORLANDO FL

Zip

32828

Country

4. FEI Number

010549142

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

A.G.C. Co

Street Address (P.O. Box Number is Not Acceptable)

200 South Orange Ave

Ste 200

City

ORLANDO

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M6RM
Avalon Associates of Delumina Linka Park
13001 Founders Square Drive
ORLANDO FL 32828**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M6RM
American Heritage Homes INC
108. PARK PLACE OLVD
KISSIMMEE FL 34741**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-02 407658665

CR2E089B (12/01)