

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90533 001 \*\*\*\*55.00

**DOCUMENT # L01000021959**

1. Entity Name  
**AVALON HERITAGE II, LLC**



20023093

Principal Place of Business      Mailing Address  
**13001 FOUNDERS SQUARE DRIVE**      **13001 FOUNDERS SQUARE DRIVE**  
**ORLANDO, FL 32828**      **ORLANDO, FL 32828**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03092005    Chg-LLC    CR2E083 (10/03)

4. FEI Number      Applied For  
**01-0549142**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**A.G.C. CO.**  
**200 SOUTH ORANGE AVE.**  
**SUITE 2300**  
**ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**

Name  
**W&P Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**1936 Lee Road**

Suite 101

City      FL      Zip Code  
**Winter Park**      **32789**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

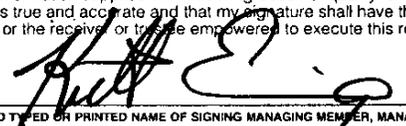
**9. MANAGING MEMBERS / MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AVALON ASSOCIATES OF DELAWARE LTD	
STREET ADDRESS	13001 FOUNDERS SQUARE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       Date: **3-15-05**      Daytime Phone # \_\_\_\_\_