2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State **DQCUMENT #L01000021959** 04-24-2006 90050 040 ****50.00 1. Entity Name AVALON HERITAGE II, LLC 400000 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, Ant. #, etc. Suite, Apt. #, etc. 01242006. Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 01-0549142 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W&P SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1936 LEE ROAD -SUITE 101 450 N. Wymore Road WINTER PARK, FL 32789 ^{City}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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE ☐ Delete ☐ Change ☐ Addition AVALON ASSOCIATES OF DELAWARE LTD NAME 13001 FOUNDERS SQUARE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 corrupted empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #



WEBSTER, CHAIRE & PARTNERS, P.L.

ATTORNEYS AND BUSINESS CONSULTANTS FLORIDA CIVIL LAW NOTARIES

Dawn Bachan-Muckunlall

Paralegal

E-mail: dmuckunlall@wplawyers.com

April 18, 2006

Via Certified Mail - RRR

Uniform Business Report Division of Corporations PO Box 6478 Tallahassee, FL 32314-6478

Re: Avalon Heritage II, LLC / 2006 Uniform Business Report

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced limited liability company. Also enclosed is check #010935 in the amount of \$50.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall

Paralegal

Enclosures