

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03252900957
9/5/2003-90067-004-\$50.00-\$50.00

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DOCUMENT # L02000005536

1. Entity Name

AVERY ADVERTISING GROUP LLC



FILED

2003 OCT -3 AM 8:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2360-4 CHRISTOPHER PL
TALLAHASSEE FL 32308

2360-4 CHRISTOPHER PL
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

1020 E. LAFAYETTE ST.

1020 E. LAFAYETTE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110

110

City & State

City & State

TALL. FL.

TALL. FL.

Zip

Country

Zip

Country

32301

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVERY, MICHAEL C
2360-4 CHRISTOPHER PL
TALLAHASSEE FL 32308

Name CHRISTOPHER B. BROOKS
Street Address (P.O. Box Number is Not Acceptable)
1020 E. LAFAYETTE ST. # 110
City TALLAHASSEE FL Zip Code 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MANAGER~~ OWNER
NAME MICHAEL C. AVERY
STREET ADDRESS 3360 CAPITAL CIRCLE NE SUITE B
CITY-ST-ZIP TALL. FL 32312

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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 REQUIRED

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

Date

Daytime Phone #

CP2E083 (4/03)