2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90352 044 ****50.00

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1. Entity Name
AVALON PROPERTY INVESTMENT, L.L.C.

Principal Place of Business	Mailing Address
102 BAYTREE COURT WINTER SPRINGS, FL 32708	102 BAYTREE COURT WINTER SPRINGS, FL 32708

04042007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6220 S.O.B.T	6220 S.O.B.T
Suite, Apt. #, etc. 194	Suite, Apt. #, etc. 194
City & State Orlando, FL.	City & State Orlando, FL.
Zip 32809 Country Orange	Zip 32809 Country Orange

4. FEI Number 55-0786933 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, MARIO A ESQ. ONE SOUTH ORANGE AVE. ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIBASMORGADO, JOSE M 11345 NW 71 STREET MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GARBAN, OMAR A 102 BAYTREE CT. WINTER SPRINGS, FL 32708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. Garban, Omar 6220 S. O.B.T. Ste. # 194 Orlando, FL. 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR INVERSIONES M-23 C.A. CENTRO COMERCIAL CHILE MEX PISO 3 LOCAL 10 PUERTO ORDAZ, VENEZUELA, 8050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4.5.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #