

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90352 044 ****50.00

DOCUMENT # L02000011536	
1. Entity Name AVALON PROPERTY INVESTMENT, L.L.C.	

Principal Place of Business 102 BAYTREE COURT WINTER SPRINGS, FL 32708	Mailing Address 102 BAYTREE COURT WINTER SPRINGS, FL 32708
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2. Principal Place of Business - No P.O. Box # 6220 S.O.B.T	3. Mailing Address 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

04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 55-0786933	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, MARIO A ESQ. ONE SOUTH ORANGE AVE. ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

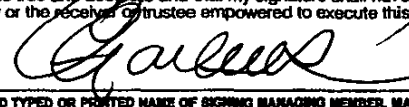
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIBASMORGADO, JOSE M ☐ Delete 11345 NW 71 STREET MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Delete GARBAN, OMAR A 102 BAYTREE CT. WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ☒ Change ☐ Addition Garban, Omar 6220 S. O.B.T. Ste. # 194 Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete INVERSIONES M-23 C.A. CENTRO COMERCIAL CHILE MEX PISO 3 LOCAL 10 PUERTO ORDAZ, VENEZUELA, 8050	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 #