

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006435

FILED
Jan 22, 2006
Secretary of State

Entity Name: AVERY SERVICES ONE, LLC

Current Principal Place of Business:

3940 RADIO ROAD STE. 110
NAPLES, FL 34104

New Principal Place of Business:

2200 KINGFISH ROAD
NAPLES, FL 34102

Current Mailing Address:

2200 KINGFISH ROAD
NAPLES, FL 34104

New Mailing Address:

2200 KINGFISH ROAD
NAPLES, FL 34102

FEI Number: 41-2080622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVERY, WILLIAM
3940 RADIO ROAD STE. 110
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

AVERY, WILLIAM
3940 RADIO ROAD STE. 104
NAPLES, FL 34104 US

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.

SIGNATURE:

01/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AVERY, WILLIAM
Address: 3940 RADIO ROAD STE. 110
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: AVERY, KATHLEEN
Address: 3940 RADIO ROAD STE. 110
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AVERY, WILLIAM
Address: 2200 KINGFISH ROAD
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change () Addition
Name: AVERY, KATHLEEN
Address: 2200 KINGFISH ROAD
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM F AVERY

MGRM

01/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date