


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90172 038 ****50.00

DOCUMENT # L03000016043	
1. Entity Name AVALA PROPERTIES, LLC	

Principal Place of Business 1777 S. ANDREWS AVE., STE. 203 FT. LAUDERDALE, FL 33316	Mailing Address 1777 S. ANDREWS AVE., STE. 203 FT. LAUDERDALE, FL 33316
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20013013



2. Principal Place of Business 420 NE 3rd Street	3. Mailing Address 420 NE 3rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02082005 Chg-LLC CR2E083 (10/03)

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33301	Country
Zip 33301	Country

4. FEI Number 57-1166370	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STOJANOVIC, BRANISLAV 1777 S. ANDREWS AVE., STE. 203 FT. LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 420 NE 3rd Street City Ft. Lauderdale FL Zip Code 33301
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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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	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 STOJANOVIC, BRANISLAV 1777 S. ANDREWS AVE., STE. 203 FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	420 NE 3rd Street Ft. Lauderdale, FL 33301-1140 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date 2/14/05	Daytime Phone # 954 525 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		