


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000026214 1. Entity Name AVALON 1155 COLLINS, LLC	
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Principal Place of Business 1155 COLLINS AVENUE MIAMI BEACH, FL 33139 US	Mailing Address P.O. BOX 2409 LA JOLLA, CA 92038-2409 US
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DO NOT WRITE IN THIS SPACE



04262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2383227	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVALON SOUTH BEACH HOLDINGS, LLC 5786 LA JOLLA BLVD. LA JOLLA, CA 92037
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04/29/05-80002-013 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	By AVALON SOUTH BEACH HOLDINGS, ITS MANAGER By AVALON CAPITAL GROUP INC., ITS MANAGER 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	DATE

By **STAN RAY, ITS CFO** 858-551-6865