

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90137 019 ****55.00

DOCUMENT # L03000028971	
1. Entity Name AVON PARK, LLC	

Principal Place of Business 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236	Mailing Address 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236
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20012282



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01192006 Chg-LLC CR2E083 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 20-0195472	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 TOSCH, JOHN E ESQ 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236	
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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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUCHANAN, VERNON G 707 S. WASHINGTON BLVD. SARASOTA, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHELBI CURTSINGER 601 V.S. 27 NORTH AVON PARK FL 33825 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NARVAEZ, CHRISTOPHER R 707 S. WASHINGTON BLVD. SARASOTA, FL 34236 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHN TOSCH 707 S. WASHINGTON BLVD SARASOTA FL 34236 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CNT SLATER, DENNIS 707 S. WASHINGTON BLVD. SARASOTA, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEVE HENRY 707 S. WASHINGTON BLVD SARASOTA FL 34236 ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-17-06 941-552 4223