

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029352

FILED  
Mar 09, 2007  
Secretary of State

Entity Name: AVP, L.L.C.

**Current Principal Place of Business:**

3030 HARTLEY ROAD, SUITE 300  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

3030 HARTLEY ROAD, SUITE 300  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 20-0142022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWTON, CLIFFORD B ESQ.  
C/O CLIFFORD B. NEWTON, P.A.  
10192 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HINSON, DONALD P PRES  
Address: 3030 HARTLEY ROAD #300  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM ( ) Delete  
Name: HUTSON, DAVID W CHAR  
Address: 3030 HARTLEY ROAD #300  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM ( ) Delete  
Name: HUTSON, NANCY VPRES  
Address: 3030 HARTLEY ROAD #300  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM ( ) Delete  
Name: CROMARTIE, ROBERT A SVP  
Address: 3030 HARTLEY ROAD #300  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM ( ) Delete  
Name: WILSON, ERIK W VP  
Address: 3030 HARTLEY ROAD #300  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM ( ) Delete  
Name: COX, ELINORE C S/T  
Address: 3030 HARTLEY ROAD #300  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELINORE C. COX

MGRM

03/09/2007

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