

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049165 1. Entity Name AVATAR, LLC	
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Principal Place of Business 11905 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408	Mailing Address 11905 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408
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03232005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0467945	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, MELISSA
11905 LAKE SHORE PLACE
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

I, 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, WILLIAM H P.O. BOX 3304 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, MELISSA 11905 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408
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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)(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: _____

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

3/24/05

Date

Daytime Phone #