

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90123 035 \*\*\*138.75

DOCUMENT # L03000049165

1. Entity Name  
AVATAR, LLC



Principal Place of Business  
11905 LAKE SHORE PLACE  
NORTH PALM BEACH, FL 33408

Mailing Address  
11905 LAKE SHORE PLACE  
NORTH PALM BEACH, FL 33408

60002940



2. Principal Place of Business - No P.O. Box #  
1325 S Killian Drive

3. Mailing Address  
1325 S Killian Drive

Suite, Apt. #, etc.  
Suite 1

Suite, Apt. #, etc.  
Suite 1

01162008 Chg-LLC CR2E083 (12/06)

City & State  
Lake Park, FL

City & State  
Lake Park, FL 33

4. FEI Number  
20-0467945

Applied For  
Not Applicable

Zip  
33403

Country  
USA

Zip  
33403

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME LEE, BRIAN K  
STREET ADDRESS 11905 LAKE SHORE PLACE  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR  
NAME LEE, MELISSA  
STREET ADDRESS 11905 LAKE SHORE PLACE  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ 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

TITLE  
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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]*

MGR

1-16-08

561-533-3888

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

Date

Daytime Phone #