2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# L03000051222

Entity Name: AVL, LLC

Current Principal Place of Business:

11983 NORTH TAMIAMI TRAIL, STE 132
NAPLES, FL 34110

New Principal Place of Business:

5035 HAMMOCK LAKE DRIVE
CORAL GABLES, FL 33156

Current Mailing Address:

11983 NORTH TAMIAMI TRAIL, STE 132
NAPLES, FL 34110

New Mailing Address:

5035 HAMMOCK LAKE DRIVE
CAORAL GABLES, FL 33156

FEI Number: 20-0736561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOSCIALE, ALESSANDRA
11983 NORTH TAMIAMI TRAIL, STE 132
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

LOSCIALE, ALESSANDRA
5035 HAMMOCK LAKE DRIVE
CORAL GABLES, FL 33156 US

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: ALESSANDRA LOSCIALE 07/09/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KNOEPFFLER, ALBERT
Address: 11983 NORTH TAMIAMI TRAIL, STE 132
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KNOEPFFLER, ALBERT
Address: 5035 HAMMOCK LAKE DRIVE
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify 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: ALBERT KNOEPFFLER MGR 07/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date