

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054514

Entity Name: DIVISION AVENUE, L.L.C.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

160 W. EVERGREEN AVE.
115
LONGWOOD, FL 32750

New Principal Place of Business:

PO BOX 520014
LONGWOOD, FL 32752

Current Mailing Address:

160 W. EVERGREEN AVE.
115
LONGWOOD, FL 32750

New Mailing Address:

PO BOX 520014
LONGWOOD, FL 32752

FEI Number: 51-0493759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, JOSEPH E
160 W. EVERGREEN AVE.
115
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

BURNS, JOSEPH E
PO BOX 520014
LONGWOOD, FL 32752 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:

04/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BURNS, JOSEPH E
Address: 160 W. EVERGREEN AVE.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURNS, JOSEPH E
Address: PO BOX 520014
City-St-Zip: LONGWOOD, FL 32752

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH E BURNS

MM

04/20/2005

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