

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90032 005 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**60050346**



DOCUMENT # L04000006712			
1. Entity Name A.V.Y. INVESTMENT, LLC			
Principal Place of Business 61 W COLONIAL DR ORLANDO, FL 32801		Mailing Address 61 W COLONIAL DR ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHOEMAKER, JOHN B 61 W COLONIAL DR ORLANDO, FL 32801		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reinstating</small> <small>DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	D	TITLE	P
NAME	KODSI, ALBERT <input type="checkbox"/> Delete	NAME	KODSI, ALBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	61 W COLONIAL DR	STREET ADDRESS	61 W. COLONIAL DRIVE
CITY - ST - ZIP	ORLANDO, FL 32801	CITY - ST - ZIP	ORLANDO, FLORIDA 32801
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 606, Florida Statutes.			
SIGNATURE:		ALBERT KODSI	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		4/1/01 (407) 294-7931	
		Daytime Phone #	