
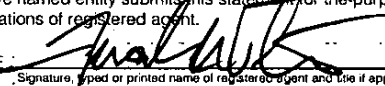



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90160 001 ****50.00
02-09-2005 90160 002 *****5.00

DOCUMENT # L04000007706 1. Entity Name AUVESTURE, LLC			
Principal Place of Business 1705 N. HIGH RIDGE RD. LAKE WORTH, FL 33461		Mailing Address 1705 N. HIGH RIDGE RD. LAKE WORTH, FL 33461	
2. Principal Place of Business 8090 SE WOODLAKE LN Suite, Apt. #, etc.		3. Mailing Address 8090 SE WOODLAKE LN. Suite, Apt. #, etc.	
City & State HOBE SOUND, FL Zip 33455		City & State HOBE SOUND, FL Zip 33455	
Country USA		Country USA	
4. FEI Number 20-0685126		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLTON, FRANK W JR 1705 N. HIGH RIDGE RD. LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent Name TOLTON, FRANK W. JR. Street Address (P.O. Box Number is Not Acceptable) 8090 SE WOODLAKE LANE City HOBE SOUND FL Zip Code 33455	
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:  FRANK W. TOLTON JR. 2/4/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLTON, FRANK W JR 1705 N. HIGH RIDGE RD. LAKE WORTH, FL 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. TOLTON, FRANK W. JR. 8090 SE WOODLAKE LANE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELZ, MICHAEL J 1376 SW 9TH TERRACE BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, GARY E 12326 82ND STREET NORTH WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  FRANK W TOLTON JR.		2/4/05 (561) 827-9566	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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02012005 Chg-LLC CR2E083 (10/03)