## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000009773

1. Entity Name AVH INVESTMENTS LLC



**FILED** Jan 28, 2008 08:00 A Secretary of State

Principal Place of Business

9725 SOUTHWEST 104TH COURT MIAMI, FL 33176

Mailing Address

9725 SOUTHWEST 104TH COURT MIAMI, FL 33176



01152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-0734273	 [	Not Applicable
5. Certificate of Status Desired	\$5.00	) Additional

6. Name and Address of Current Registered Agent

SPIEGEL 1840 SW : 4TH FLOO MIAMI, FL	DR .	. !		NOT WRITE HIS SPACE	
	e named entity submits this statement for the purpose of chan tions of registered agent.	iging its registere	ed office or registered agent, or both,	in the State of Florida. I am familia	ar with, and accept
SIGNATURE.				Jon W ON	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered	Agent signature required when reinstating)	DATE	
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75  MANAGING MEMBERS/MANAGERS		- 100	000000800674 01/31/08-80027-	014 138.75
TITLE	MGR				
NAME	HALLETT, ELLIS A	•		•	
STREET ADDRESS	9725 SOUTHWEST 104TH COURT				
CITY-ST-ZIP	MIAMI, FL 33176				
TITLE	MGR	-			
NAME	HALLETT, VICTORIA M				
STREET ADDRESS	9725 SOUTHWEST 104TH COURT				
CITY-ST-ZIP	MIAMI, FL 33176				1
TITLE	MGR		,		
NAME	HALLETT, VICTORIA M		# · * * * * * * * * * * * * * * * * * *		

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALLETT, VICTORIA M 9725 SOUTHWEST 104TH COURT MIAMI, FL 33176			
NAME STREET ADDRESS CSTY-ST-ZIP	MGR HALLETT, VICTORIA M 9725 SOUTHWEST 104TH COURT MIAMI, FL 33176	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALLETT, ELLIS A 9725 SOUTHWEST 104TH COURT MIAMI, FL 33176	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. Thereby 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				

Thereby certify that the mioritation supplied with this filling does not all the exemptions contained in Chapter 119, Florida Statutes. I turther 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 coarb; that I am a managing member or manager of the limited liability company or the speciever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Daytime Phone #