

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90423 016 ****50.00

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DOCUMENT # L04000028938 1. Entity Name AVALON REAL ESTATE DEVELOPMENT, LLC					
Principal Place of Business 1111 BAYSHORE BLVD., SUITE E-1 CLEARWATER, FL 33759			Mailing Address 1111 BAYSHORE BLVD., SUITE E-1 CLEARWATER, FL 33759		
2. Principal Place of Business 202 Bean Ridge CT. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Safety Harbor, FL Zip 34695		City & State Safety Harbor, FL Zip 34695		4. FEI Number 20-2493429	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BERGIN, EDWARD J 1111 BAYSHORE BLVD., SUITE E-1 CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 202 Bean Ridge CT. City Safety Harbor FL Zip Code 34695		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	MGRM BERGIN, EDWARD J 1111 BAYSHORE BLVD., SUITE E-1 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 Bean Ridge CT. Safety Harbor, FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREASEN, ALLAN B 5517 VAN DYKE ROAD LUTZ, FL 33558		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: EDWARD J. BERGIN			Date 3/29/05 7277972281 Daytime Phone #		