2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035665

Entity Name: AVERY ENTERPRISES, LLC

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

245 ATLANTIS CIRCLE, UNIT #203 3400 AGRICULTURAL CENTER DRIVE SAINT AUGUSTINE, FL 32902

SAINT AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

P.O. BOX 321

SAINT AUGUSTINE, FL 32085

FEI Number: 20-1236446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR

MIAMI, FL 33145 US

AVERY, K JOY 245 ATLANTIS CIRCLE UNIT #203 SAINT AUGUSTINE, FL 32080

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: K. JOY AVERY 04/25/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

AVERY, K. JOY Name: Name: Address: 245 ATLANTIS CIRCLE, UNIT #203 Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: AVERY, K. JOY Name: Address: 245 ATLANTIS CIRCLE, UNIT #203 Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip:

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: K. JOY AVERY 04/25/2005