2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2008
Secretary of State

DOCUMENT# L04000037868

Entity Name: AVALON OFFICE PARK DEVELOPERS, L.L.C.

Current Principal Place of Business:

8750 GLADIOLUS DR. #12
FORT MYERS, FL 33908

New Principal Place of Business:

8900 GLADIOLUS DR.
SUITE 202
FORT MYERS, FL 33908

Current Mailing Address:

20533 BISCAYNE BLVD.
AVENTURA, FL 33180

New Mailing Address:

20533 BISCAYNE BLVD.
SUITE 494
AVENTURA, FL 33180

FEI Number: 20-1167344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZUKERMAN, HAIM
8750 GLADIOLUS DR. #12
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

ZUKERMAN, HAIM M
8900 GLADIOLUS DR.
SUITE 202
FORT MYERS, FL 33908 US

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: HAIM M. ZUKERMAN 06/19/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ZUKERMAN, HAIM
Address: 8750 GLADIOLUS DR. #12
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ZUKERMAN, HAIM M
Address: 20533 BISCAYNE BLVD. #494
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HAIM M. ZUKERMAN MANA 06/19/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date