

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 09, 2006 08:00 A  
Secretary of State

DOCUMENT # L04000039647

1. Entity Name  
AVONDALEREV, LLC



Principal Place of Business  
11125 PARK BLVD.  
SUITE 104-129  
SEMINOLE, FL 33772

Mailing Address  
11125 PARK BLVD.  
SUITE 104-129  
SEMINOLE, FL 33772



01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1909651

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FOWLER, RICHARD  
11125 PARK BLVD.  
SUITE 104-129  
SEMINOLE, FL 33772

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000379597

01/10/06 80038-811 50.00

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FOWLER, RICHARD
STREET ADDRESS	11125 PARK BLVD.
CITY-ST-ZIP	SEMINOLE, FL 33772

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby 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 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 a limited liability company or the receiver 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

Date

Daytime Phone #

1-5-2006 (207) 430-105.