2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051897

Entity Name: 526 AVON ROAD, LLC

FILED Mar 05, 2009 Secretary of State

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

2414 FLORIDA AVENUE 4208 HICKORY DRIVE

WEST PALM BEACH, FL 33401 PALM BEACH GARDENS, FL 33418

Current Mailing Address: New Mailing Address:

2414 FLORIDA AVENUE 4208 HICKORY DRIVE

WEST PALM BEACH, FL 33401 PALM BEACH GARDENS, FL 33418

FEI Number: 20-1852687 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:

CIOFFI, JAMES A ESQ 250 TEQUESTA DRIVE 200

TEQUESTA, FL 33469 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.

in the otate of Florida

SIGNATURE: Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CHAMBERS, ALLYSON M Name: CHAMBERS, ALLYSON M Address: 315 WESTWOOD ROAD Address: 323 CORDOVA ROAD

Address: 515 WESTWOOD ROAD Address: 323 CORDOVA ROAD
City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete Title: () Change () Addition

 Name:
 NELSON, MARK H
 Name:

 Address:
 4208 HICKORY DRIVE
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 City-St-Zip:

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: MARK H NELSON MGRM 03/05/2009