

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90031 038 ****50.00

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1. Entity Name
AVALON PROPERTY, LLC



Principal Place of Business
**41 WEST I-65 SERVICE ROAD NORTH
MOBILE, AL 36608**

Mailing Address
**PO BOX 160306
MOBILE, AL 36616-1306**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-1672329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, EDSSEL F JR.
308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name **Frank M. Gammon, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

301 N. US Hwy. 27

Suite G

City **Clermont**

FL

Zip Code **34711**

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.

FRANK GAMMON

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/06

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **THE MITCHELL COMPANY, INC.**
STREET ADDRESS **41 WEST I-65 SERVICE ROAD NORTH**
CITY-ST-ZIP **MOBILE, AL 36608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-07 (251)390-2929