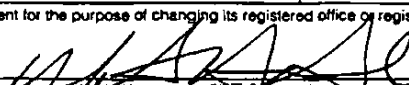
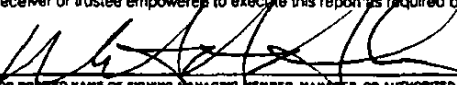


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-27-2006 90425 045 *****55.00

DOCUMENT # L05000002986 1. Entity Name AVEST, LLC					
Principal Place of Business 115 NORTH WAUKESHA STREET BONIFAY, FL 32425 US			Mailing Address PO BOX 981 BONIFAY, FL 32425 US		
2. Principal Place of Business		3. Mailing Address 115 N. Waukesha St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Bonifay, FL		4. FEI Number 20-2080894	
Zip		Country		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
Zip 32425		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALVIS, MICHAEL A 115 NORTH WAUKESHA STREET BONIFAY, FL 32425				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 authorized representative				DATE 2-23-06 DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVIS, MICHAEL A PO BOX 981 BONIFAY, FL 32425	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	115 N. Waukesha St. Bonifay, FL 32425	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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 2-23-06 (850) 547-9400 DATE Daytime Phone #	

30002436



02232006 Chg-LLC CR2E083 (11/05)