2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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02232006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000002986

1. Entity Name
AVEST, LLC

Principal Place of Business	Mailing Address
115 NORTH WAUKESHA STREET BONIFAY, FL 32425 US	PO BOX 981 BONIFAY, FL 32425 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	115 N. Waukesha St Suite, Apt. #, etc.
City & State	Bonifay, FL
Zip / Country	32425 / US

4. FEI Number 20-2080894 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVIS, MICHAEL A 115 NORTH WAUKESHA STREET BONIFAY, FL 32425	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 _____ 2-23-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) 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	☑ Change ☐ Addition 115 N. Waukesha St. Bonifay, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: _____ 2-23-06 (850) 547-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #