

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000022893

FILED
May 18, 2009
Secretary of State**Entity Name:** AVAKER PROPERTIES, LLC**Current Principal Place of Business:**1060 WILLA SPRINGS DR
WINTER SPRINGS, FL 32708**New Principal Place of Business:****Current Mailing Address:**1060 WILLA SPRINGS DR
WINTER SPRINGS, FL 32708**New Mailing Address:****FEI Number:** 20-2451480**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COPELAND, KAREN R
260 PLAZA DR
OVIEDO, FL 32765 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM (X) Delete
Name: LUKER, GEOFFREY
Address: 131 OVERLOOK DR
City-St-Zip: OVIEDO, FL 32766**Title:** MGRM () Delete
Name: PLOWFIELD, ROBERT
Address: 1060 WILLA SPRINGS DR
City-St-Zip: WINTER SPRINGS, FL 32708**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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: ROBERT PLOWFIELD

MGRM

05/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date