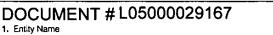
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT





FILED Apr 07, 2006 8:00 am Secretary of State

1. Entity Name AVENUE KG, LLC								04-07-2006 9	0209 04	4 ****50.0	00
Principal Place of Business 411 N. U.S. 1, SECOND FLOOR FORT PIERCE, FL 34950			Mailing Address 411 N. U.S. 1, SECOND FLOOR FORT PIERCE, FL 34950								
2. Principal P	lace of Busir	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04042006					
City & State			City & State			4. FEI Numb	Chg-LLC		083 (11/05)	plied For	
Zip Country			Zip Count		itry			84-1674		\$5.00 Add	t Applicable
	6. Name and Address of Current		egistered Agent		[of Status Desired Address of New I	Registered	Fee Require	
BECHT, EI				Name				100.000	- 		
321 SOUTH SECOND STREET FORT PIERCE, FL 34950			-	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	iling Fee i ue by Ma						Make check payable to Florida Department of State				
9.		MANAGING MEMBER		10.				ADDITIONS	/CHANGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JOHN S. 1, SECOND FLOOR ERCE, FL 34950	☐ Delete			:				Change	☐ Addition
TITLE NAME STREET ADDRESS	ļ		☐ Delete		E EET AODRESS	MGRA JASO HII	NORTH !	IN HIGHWA	y 1, 2	Change	Addition
CITY-ST-ZIP	_				-ST-ZIP	47	PIERCE,	PLORIDA	3445		
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
indicated	on this repo	rt is true and accurate and t	this filing does not qualify for that my signature shall have empowered to execute this	the same	e legat effe	ct as if m	nade under oatl	h; that I am a mana	further certinging memb	fy that the info per or manage	rmation or of the

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone ∉