

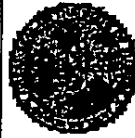
# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90045 027 \*\*\*\*50.00

**DOCUMENT # L05000042293**

1. Entity Name  
**CONDOMINIUMS OF AVALON HOLDING COMPANY, LLC**



Principal Place of Business  
**300 SOUTH ORANGE AVE., SUITE 1000  
ORLANDO, FL 32801**

Mailing Address  
**300 SOUTH ORANGE AVE., SUITE 1000  
ORLANDO, FL 32801**



2. Principal Place of Business  
**13001 Founders Square Dr**

3. Mailing Address  
**13001 Founders Square Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006 Chg-LLC CR2E083 (11/05)

City & State  
**Orlando Florida**

City & State  
**Orlando Florida**

4. FEI Number  
**20-3217371**

☒ Applied For  
☐ Not Applicable

Zip  
**32828**

Country  
**USA**

Zip  
**32828**

Country  
**USA**

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

**CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVE., SUITE 1000 (BMJ)  
ORLANDO, FL 32801-5403**

Name  
**W&P Services, Inc.**

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

**450 N. Wymore Road**

City  
**Winter Park**

FL Zip Code  
**32789**

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]*

*[Signature]*

*[Signature]*

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Mr  
Beat M. Kahli  
13001 Founders Square Dr.  
Orlando, FL 32828** ☐ 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  
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/27/06 407-658-6565**



WEBSTER, CHAIRES  
& PARTNERS, P.L.

ATTORNEYS AND BUSINESS CONSULTANTS  
FLORIDA CIVIL LAW NOTARIES

ATTACHMENT

20643324

#L05000043293

TRADITIONAL LEGAL SERVICES  
COMMON SENSE APPROACH

**Dawn Bachan-Muckunlall**  
Paralegal

E-mail: [dmuckunlall@wplawyers.com](mailto:dmuckunlall@wplawyers.com)

April 28, 2006

**VIA OVERNIGHT MAIL**

Uniform Business Report  
Division of Corporations  
2670 Executive Center Circle, Suite 100  
Tallahassee, FL 32301

**Re: Condominiums of Avalon Holdings Company, LLC**  
**2006 Uniform Business Report**

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced limited liability company. Also enclosed is check #011029 in the amount of \$50.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall  
Paralegal

Enclosures