

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054825

Entity Name: AVCOM HOME SYSTEMS, LLC

FILED  
Mar 11, 2006  
Secretary of State

## Current Principal Place of Business:

4700 MILLENIA BLVD.  
SUITE 175  
ORLANDO, FL 32839

## New Principal Place of Business:

## Current Mailing Address:

4700 MILLENIA BLVD.  
SUITE 175  
ORLANDO, FL 32839

## New Mailing Address:

FEI Number: 20-2938410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CUTTER, LARRY  
4700 MILLENIA BLVD  
SUITE 175  
ORLANDO, FL 32839 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 ( ) Delete  
Name: CUTTER, LARRY  
Address: 440 BUCKHAVEN LOOP  
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Delete  
Name: CUTTER, DAVID  
Address: 440 BUCKHAVEN LOOP  
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Delete  
Name: CUTTER, CHERI  
Address: 8631 GREENBANK BLVD.  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: CUTTER, MARY  
Address: 440 BUCKHAVEN LOOP  
City-St-Zip: OCOEE, FL 34761

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CUTTER, CHERI  
Address: 440 BUCKHAVEN LOOP  
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERI CUTTER

MGRM

03/11/2006

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