2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000069904

1. Entity Name
AVENLEA CONSULTING LLC

Principal Place of Business	Mailing Address
700 ELEVENTH STREET SOUTH, PH-2 NAPLES, FL 34102-6777	700 ELEVENTH STREET SOUTH, PH-2 NAPLES, FL 34102-6777

DO NOT WRITE IN THIS SPACE

03092007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
27-0129316	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ABLE ADVISORY INC.
700 ELEVENTH STREET SOUTH, PH-2
NAPLES, FL 34102-6777

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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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	AOMAC LIMITED
STREET ADDRESS	BISON COURT, ROAD TOWN
CITY-ST-ZIP	TORTOLA, B.V.I.,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80026-011 50.00

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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: _____   4.16.07   239.430.4310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #