


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000069904	
1. Entity Name AVENLEA CONSULTING LLC	

Principal Place of Business 700 ELEVENTH STREET SOUTH, PH-2 NAPLES, FL 34102-6777	Mailing Address 700 ELEVENTH STREET SOUTH, PH-2 NAPLES, FL 34102-6777
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 27-0129316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

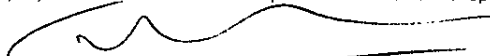
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

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000000931742  
05/22/08 00027 011 138.75

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:  4-10-08 239-430-4310

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