2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000071955

1. Entity Name AYRES ROCK GP, LLC



FILED Feb 06, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3050 MICHIGAN AVENUE KISSIMMEE, FL 34744 3050 MICHIGAN AVENUE KISSIMMEE, FL 34744



01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0901666 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAREA & ORTEGA 150 ALHAMBRA CIRCLE, SUITE 950 CORAL GABLES, FL 33134

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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		(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			U00000625184 02/14/07-80065-016, 50, 00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	AVALON ROAD PROPERTIES, LLC		
STREET ADDRESS	3050 MICHIGAN AVENUE	:	
CITY-ST-ZIP	KISSIMMEE, FL 34744		
TITLE	MGRM		
NAME	YEESHA SERVICES, CORP.		
STREET ADDRESS	AKARA BUILDING, 24 DE CASTRO STREET		
CITY-ST-ZIP	ROAD TOWN, TORTOLA, BVI,	•	
TITLE			
NAME			
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FURE: \(\) \(\) \(\) \(\) \(\) \(\) OWE BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING

PAUL DUEL

JAN. 30,07

(407)518-7433

Daytime Phor