

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000078893

**FILED**  
**Aug 24, 2007**  
**Secretary of State**

**Entity Name:** AVA MINA II, LLC

**Current Principal Place of Business:**

808 SMOKERISE BLVD.,  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

808 SMOKERISE BLVD.,  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 20-4315186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ELSAKR, ASHRAF  
840 DUNLAWTON AVE  
PORT ORANGE, FL 32127      US

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: ELSAKR, ASHRAF  
Address: 840 DUNLAWTON AVE  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: ASHRAF ELSAKR

MR

08/24/2007

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