2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078893

Entity Name: AVA MINA II, LLC

FILED Aug 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

808 SMOKERISE BLVD., 840 DUNLAWTON AVE

PORT ORANGE, FL 32127 SUITE A
PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

808 SMOKERISE BLVD., 840 DUNLAWTON AVE

PORT ORANGE, FL 32127 SUITE A

PORT ORANGE, FL 32127

FEI Number: 20-4315186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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 ELSAKR, ASHRAF S MD 840 DUNLAWTON AVE 840 DUNLAWTON AVE

PORT ORANGE, FL 32127 US SUITE A 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: ASHRAF ELSAKR 08/27/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:ELSAKR, ASHRAFName:ELSAKR, ASHRAFAddress:840 DUNLAWTON AVEAddress:840 DUNLAWTON AVE, SUITE ACity-St-Zip:PORT ORANGE, FL 32127City-St-Zip:PORT ORANGE, FL 32127

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 MGR 08/27/2008