2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 03, 2008 08:00 AN Secretary of State **DOCUMENT # L05000079135** 1. Entity Name 1 AVS, LLC Principal Place of Business Mailing Address 535 CENTRAL AVENUE 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 01142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3312886 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCDONALD, LAYLA K ESQ. DO NOT WRITE 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701 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. Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000880337 '!5/08-80058-010 138.7**5** MANAGING MEMBERS/MANAGERS 9. TITLE MGR RAHDERT, GEORGE K NAME STREET ADDRESS 535 CENTRAL AVENUE CITY-ST-ZIP ST. PETERSBURG, FL 33701 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 professive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE