

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081047

Entity Name: AV 827, LLC

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

1820 NORTH CORPORATE LAKE BLVD.
SUITE 207
WESTON, FL 33326

New Principal Place of Business:

1825 MAIN STREET C/O CHARM CONSULTING
WESTON, FL 33326

Current Mailing Address:

1820 NORTH CORPORATE LAKE BLVD.
SUITE 207
WESTON, FL 33326

New Mailing Address:

1825 MAIN STREET C/O CHARM CONSULTING
WESTON, FL 33326

FEI Number: 20-5077591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AQUILES, TORREALBA
1820 NORTH CORPORATE LAKE BLVD.
SUITE 207
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ISABEL, MARTINEZ
1825 MAIN STREET C/O CHARM CONSULTING
WESTON, FL 33326 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: ISABEL MARTINEZ

03/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CREDENTE, CRINCOLI
Address: 1820 N CORPORATE LAKES BLVD, STE 207
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: BASILE, MARGHERITA
Address: 1820 N CORPORATE LAKES BLVD, STE 207
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CREDENTE, CRINCOLI
Address: 1825 MAIN STREET C/O CHARM CONSULTING
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Change () Addition
Name: BASILE, MARGHERITA
Address: 1825 MAIN STREET C/O CHARM CONSULTING
City-St-Zip: WESTON, FL 33326

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: ISABEL MARTINEZ

RA

03/19/2008

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