

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091261

FILED
Apr 16, 2009
Secretary of State

Entity Name: AAV REAL ESTATE HOLDINGS 2, LLC

Current Principal Place of Business:

9125 BAY POINT DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

8449 ST. MARINO BLVD
ORLANDO, FL 32836

Current Mailing Address:

9125 BAY POINT DRIVE
ORLANDO, FL 32819

New Mailing Address:

8449 ST. MARINO BLVD
ORLANDO, FL 32836

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

Name and Address of Current Registered Agent:

ALEX, VASTARDIS
9125 BAY POINT DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

ALEX, VASTARDIS
8449 ST. MARINO BLVD
ORLANDO, FL 32836 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VASTARDIS, ALEX
Address: 9125 BAY POINT DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: VASTARDIS, AMY L
Address: 9125 BAY POINT DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VASTARDIS, ALEX
Address: 8449 ST. MARINO BLVD
City-St-Zip: ORLANDO, FL 32836

Title: MGR (X) Change () Addition
Name: VASTARDIS, AMY L
Address: 8449 ST. MARINO BLVD
City-St-Zip: ORLANDO, FL 32836

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: ALEX VASTARDIS

PRES

04/16/2009

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