## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 10, 2006 8:00 am Secretary of State

DOCUMENT # L05000102368  1. Entity Name AVANI, LLC							07-10-2006 90102 030 ****50.00				
Principal Plac	e of Business		Mailing Address								
13724 74TH AVENUE N. SEMINOLE, FL 33776			13724 74TH AVENUE N. SEMINOLE, FL 33776			1 188080 81	. 98184 BYIN BBYIL 98111 BY	11 <b>1</b> 1 (1111   1111   1111	ED WAD SILTI IE	1899 fili toda	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		07062006	Chg-LLC	CR2E08	33 (11/05)			
City & State			City & State		4. FEI Numb			No	plied For of Applicable		
Zip	Country		Zip	Cour	itry		of Status Desired		\$5.00 Add		
<u> </u>	6. Name and Address o	f Current R	legistered Agent		Name	7. Name and	Address of New I	Registered A	gent		
PATEL, SMRUTI A 13724 74TH AVENUE N.						ess (P.O. Box Number is Not Acceptable)					
	E, FL 33776			4.100(7.007035)		<del></del>					
٠					City			FL	Zip Code	e	
	named entity submits this stations of registered agent.	atement for	the purpose of changing i	ts register	ed office or reg	gistered agent, or bo	th, in the State of F	lorida. I am fa	amiliar with,	and accept	
SIGNATURE											
SIGNATURE.	Signature, byged or printed name of reg	istered agent an	d title if applicable (NC	TF: Registere	et Acient sinnehire cer	nuired when reinstating)		DATE			
Fil	Signature, typed or printed name of reg ling Fee is \$50.00 by September 6, 2006		id title if applicable. (NC	DTE: Registere	ed Agent signature rec	quired when reinstating)		DATE ke check pa la Departme		9	
Fil Due I	ling Fee is \$50.00 by September 6, 2006	3				equired when reinstating)	Florid	ke check pa la Departme		9	
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11. 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Sommen Breder	5747≥UT)	A. PATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING M	IANAGING MEMBER, MANAGER, OR A	WTHORIZED REPRESENTATIVE