

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102368

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: AVANI, LLC

**Current Principal Place of Business:**

13724 74TH AVENUE N.  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

13724 74TH AVENUE N.  
SEMINOLE, FL 33776

**New Mailing Address:**

FEI Number: 43-2094065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, SMRUTI A  
13724 74TH AVENUE N.  
SEMINOLE, FL 33776 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PATEL, SMRUTI A  
Address: 13724 74TH AVENUE N.  
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM ( ) Delete  
Name: BROWN, BEN  
Address: 11400 CLASSICAL LANE  
City-St-Zip: SILVERSPRING, MD 20901

Title: MGRM ( ) Delete  
Name: MCCORMICK, NEHA  
Address: 23 SPESITRE ISLAND RD  
City-St-Zip: APG, MD 21005

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SMRUTI PATEL

MGR

04/29/2008

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