

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000103113

FILED
Aug 06, 2007
Secretary of State**Entity Name:** AVILA HOLDINGS, LLC**Current Principal Place of Business:**1007 N. FEDERAL HIGHWAY, SUITE K
FT. LAUDERDALE, FL 33304**New Principal Place of Business:****Current Mailing Address:**1007 N. FEDERAL HIGHWAY, SUITE K
FT. LAUDERDALE, FL 33304**New Mailing Address:****FEI Number:** 86-1152932**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CULLEN, KIMBERLY M
CELTIC CONSTRUCTION, INC.
1007 N. FEDERAL HIGHWAY, SUITE K
FT. LAUDERDALE, FL 33304 US**Name and Address of New Registered Agent:**CULLEN, KIMBERLY M
1007 N.FEDERAL HIGHWAY
SUITE K
FT. LAUDERDALE, FL 33304 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: KIMBERLY CULLEN

08/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM (X) Delete
Name: CULLEN, RICHARD H
Address: 1007 N. FEDERAL HIGHWAY, SUITE K
City-St-Zip: FT. LAUDERDALE, FL 33304**Title:** MGRM () Delete
Name: CULLEN, KIMBERLY M
Address: 1007 N. FEDERAL HIGHWAY, SUITE K
City-St-Zip: FT. LAUDERDALE, FL 33304**ADDITIONS/CHANGES:****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: KIMBERLY CULLEN

MGRM

08/06/2007

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