



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90253 001 *****75.00
03-29-2007 90253 002 *****75.00

DOCUMENT # L05000120684 1. Entity Name AV & AV PROPERTIES LLC			
Principal Place of Business 873 STERTHAUS DR SUITE 303 ORMOND BCH, FL 32174 US		Mailing Address 873 STERTHAUS DR ORMOND BCH, FL 32174 US	
2. Principal Place of Business - No P.O. Box # 1667 North Clyde Morris Blvd Suite, Apt. #, etc. STE 1 AND 2		3. Mailing Address 1667 North Clyde Morris Blvd Suite, Apt. #, etc. STE 1 AND 2	
City & State Daytona Beach, FL Zip 32117		City & State Daytona Beach, FL Zip 32117	
4. FEI Number 20-3972687		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNOLD VERA M.D. M.SC., P.A. 873 STERTHAUS DR SUITE 303 ORMOND BCH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1667 North Clyde Morris Blvd STE 1 AND 2 City Daytona Beach FL Zip Code 32117	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARNOLD VERA M.D. M.SC. F.A.C.E. 873 STERTHAUS DR. SUITE 303 ORMOND BCH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1667 North Clyde Morris Blvd Daytona Beach, FL 32117 STE 1,2
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANNY VERA D.D.S., M.SC. 873 STERTHAUS DR. SUITE 303 ORMOND BCH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1667 North Clyde Morris Blvd STE 1,2 Daytona Beach, FL 32117
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		03/24/07 (386) 274-1414	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	