



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000120684 1. Entity Name AV & AV PROPERTIES LLC	
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Principal Place of Business 1667 NORTH CLYDE MONRIS BLVD SUITE 1&2 DAYTONA BEACH, FL 32117 US	Mailing Address 1667 NORTH CLYDE MONRIS BLVD SUITE 1&2 DAYTONA BEACH, FL 32117 US
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3972687	Applied For 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. 1667 NORTH CLYDE MONRIS BLVD SUITE 1&2 DAYTONA BEACH, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

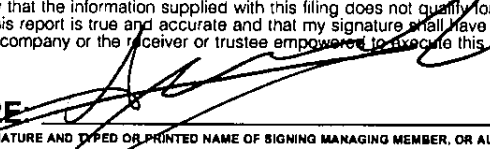
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ARNOLD VERA M.D. M.SC. F.A.C.E. 1667 NORTH CLYDE MONRIS BLVD #1&2 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ANNY VERA D.D.S., M. SC. 1667 NORTH CLYDE MONRIS BLVD #1&2 DAYTONA BEACH, FL 32117
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11. 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  **04/22/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #