


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000033669	
1. Entity Name AVIGNON PROPERTIES, LLC	

Principal Place of Business 6670 SW 127 PATH MIAMI, FL 33183	Mailing Address 6670 SW 127 PATH MIAMI, FL 33183
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**DO NOT WRITE IN THIS SPACE**



04262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 06-1805954	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MONDESIR & ALEXIS, P.A.  
 1640 W. OAKLAND PARK BLVD.  
 SUITE 301  
 FORT LAUDERDALE, FL 33311

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

06-1805954  
 05/20/08-80031-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVIGNON, JUDEX 6670 SW 127 PATH MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANATTE, DENISE C 6670 SW 127 PATH MIAMI, FL 33183
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *JuDEX Avignon* **4/26/08** **(305) 388-5335**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #