

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90231 014 \*\*\*\*50.00

**DOCUMENT # L06000058409**

1. Entity Name  
LIVE/WORK AT AVALON PARK, LLC



60036022

Principal Place of Business  
C/O WEBSTER, CHAIRES & PARTNERS, P.L.  
450 N. WYMORE ROAD  
WINTER PARK, FL 32789

Mailing Address  
C/O WEBSTER, CHAIRES & PARTNERS, P.L.  
450 N. WYMORE ROAD  
WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #  
Webster & Partners, P.L.

3. Mailing Address  
Webster & Partners, P.L.

Suite, Apt. #, etc.

City & State

Zip Country

City & State

Zip Country

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
16-1765275

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

W&P SERVICES, INC.  
450 N. WYMORE ROAD  
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

ENTERED

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
KAHLI, BEAT M  
450 N. WYMORE ROAD  
WINTER PARK, FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVP  
HALLE, ROSS  
450 N. WYMORE ROAD  
WINTER PARK, FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVP  
WEBER, GARY  
450 N. WYMORE ROAD  
WINTER PARK, FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVPS  
EWING, KEITH A  
450 N. WYMORE ROAD  
WINTER PARK, FL 32789

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
EWING, KEITH A  
450 N. WYMORE ROAD  
WINTER PARK, FL 32789

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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T, CFO  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-15-07

407-658-6565