

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90048 043 ****50.00

DOCUMENT # L06000075351

1. Entity Name
AVE-CON 304, LLC



Principal Place of Business
12627 SAN JOSE BLVD., #605
JACKSONVILLE, FL 32223

Mailing Address
12627 SAN JOSE BLVD., #605
JACKSONVILLE, FL 32223

00043306



2. Principal Place of Business - No P.O. Box #
5570 Florida Mining Blvd
Suite, Apt. #, etc.
Suite 304
City & State
Jacksonville, FL
Zip
32257 Country
USA

3. Mailing Address
5570 Florida Mining Blvd.
Suite, Apt. #, etc.
Suite 304
City & State
Jacksonville, FL
Zip
32257 Country
USA

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
76-0213999
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOWARD A. CAPLAN, ATTORNEY, P.A.
6260 - C DUPONT STATION COURT
JACKSONVILLE, FL 32217

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COASTAL RECONSTRUCTION, INC.
12627 SAN JOSE BLVD., #605
JACKSONVILLE, FL 32223 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5570 Florida Mining Blvd., #304
Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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TITLE
NAME
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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: Don Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/07 904-880-1919
Date Daytime Phone #