

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079042

Entity Name: AVOCET, LLC

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

1548 THE GREENS WAY, SUITE 6
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

1572 CHAIN FERN WAY
FLEMING ISLAND, FL 32003

Current Mailing Address:

1548 THE GREENS WAY, SUITE 6
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

1572 CHAIN FERN WAY
FLEMING ISLAND, FL 32003

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCUE, EDWARD R JR.
1548 THE GREENS WAY, SUITE 6
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

CRANFORD, CHARLES L
1572 CHAIN FERN WAY
FLEMING ISLAND, FL 32003 US

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.

SIGNATURE: CHARLES L CRANFORD

06/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRANFORD, CHARLES
Address: 1548 THE GREENSWAY STE 6
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRANFORD, CHARLES
Address: 1572 CHAIN FERN WAY
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES L CRANFORD

MANA

06/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date