

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052309

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: AVON PARK VENTURES, LLC

**Current Principal Place of Business:**

18851 NE 29TH AVENUE, SUITE 905  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18851 NE 29TH AVENUE, SUITE 905  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 77-0686226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASERTA, ANTHONY D  
2750 NE 185TH STREET  
SUITE 201, GATEWAY CENTRE  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

CASERTA, ANTHONY D  
18851 NE 29TH AVENUE, SUITE 905  
AVENTURA, FL 33180 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:

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CASERTA, ANTHONY D  
Address: 18851 NE 29TH AVENUE, SUITE 905  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: KAUFMAN, JERRY  
Address: 18851 NE 29TH AVENUE, SUITE 905  
City-St-Zip: AVENTURA, FL 33180

Title: MGR  
Name: TAVO, INC.  
Address: 1507 N. STATE ROAD 7, SUITE D  
City-St-Zip: MARGATE, FL 33063

Title: MGR  
Name: CASERTA, ANTHONY S  
Address: 18851 NE 29TH AVENUE STE 905  
City-St-Zip: AVENTURA, FL 33180

Title: MGR  
Name: CHAPMAN, MICHAEL P  
Address: 184 E. INTERLAKE BLVD.  
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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: JERRY KAUFMAN

MGRM

04/24/2012

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