## FILE NOW: Fee after May 1, will be \$588.75

	D LIABILITY COMPANY		LORIDA DEPARTMENT OF STATE Sandra B. Mortham			FILED				
ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS			97 MAY -6 PH 2: 12				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF				
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L,9400000604						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
AVALON DEVELOPMENT GROUP, L.C.						1a. Principal Place of Business Address				
3220 AVALON BOULEVARD MILTON FL 32583						B220 AVALON BOULEVARD MILTON FL 32583				
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.								3s. State of Formation		
2 Principal Place of Business 26			a. Mailing Address			3. Date Organized or Qualified 3s. State of Formation 11/09/1994 FL				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number Applied For				
City & Sta	ate .	City &	City & State			59-3276189 Not Applicable				
Zip	Country	Zip	10	Country		5. Date of Last	Report	6. Certificate of Status Desired		
	7. Name and Address of Curre	ent Register	ed Agent	<del></del>		05/01/19 8. Name and Add				
MCALPIN, RICHARD R				Name						
3220 .	AVALON BOULEVARD N FL 32583		Street Address (P.O. Box Number is Not Acceptable)  320 Avalon Blvd.  Sulte, Apt. #, etc.							
			City M: H	Milton FL 32583						
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.										
SIGNATURE (Registered Agent Accepting Appointment) (N			(NOTE: Registered Agent	NOTE: Registered Agent signature required when reinstating)			DATE 4. 22. 97			
10. Title Managing Members/Managers				Business Street Address			City, State and Zip Code			
MGMR	LEE, JAMES C III		.о. вох	10048	N/:	A	BIRMING	HAM AL		
MGMR MCALPIN, RICHARD R			<del>- 3220 AVA</del>	220 AVALON BOULEVA			MILTON-FI-			
						00	0002 -05/14 ****2	1782701 /9701068025 03.75 ****203.75		
11. Idohe	ereby certify that the information supplied	d with this filir	ng does not quality for	the exemption state	ed in Se	oction 119.07(3) (l),	Florida Statutes.	B 6-13 - 97		
indicated on this annual report is true and accurate and that my signature small have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver er trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.										
SIGN	NATURE:	TYPED OR PRINT	TED NAME OF SIGNING MAN	AGINO MEMBERTOR	MAGER	······································	Date	Daytime Prione #		
INHSE10	INHSE 10 R(12-96)									