

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L94000000604

1. Entity Name
AVALON DEVELOPMENT GROUP, L.C.



Principal Place of Business
3220 AVALON BOULEVARD
MILTON, FL 32583

Mailing Address
3220 AVALON BOULEVARD
MILTON, FL 32583



09012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3276189

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JANE
3220 AVALON BOULEVARD
MILTON, FL 32583

**DO NOT WRITE
IN THIS SPACE**

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

Jane Miller

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

(NOTE: Registered Agent signature required when reappointing)

9-4-04

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000171794

09/08/04-80006-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGMR
NAME	LEE, JAMES C III
STREET ADDRESS	P.O. BOX 10048 N/A
CITY-ST-ZIP	BIRMINGHAM, AL 35202
TITLE	D
NAME	MILLER, JANE
STREET ADDRESS	3220 AVALON BOULEVARD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

SIGNATURE:

Jane Miller

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

Date

Daytime Phone #