


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L94000000604</b> 1. Entity Name AVALON DEVELOPMENT GROUP, L.C.	
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Principal Place of Business 3220 AVALON BOULEVARD MILTON, FL 32583	Mailing Address 3220 AVALON BOULEVARD MILTON, FL 32583
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**DO NOT WRITE IN THIS SPACE**



04282005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3276189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MILLER, JANE 3220 AVALON BOULEVARD MILTON, FL 32583
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**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 4-29-05  
Signatory, 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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR LEE, JAMES C III P.O. BOX 10048 N/A BIRMINGHAM, AL 35202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, JANE 3220 AVALON BOULEVARD MILTON, FL 32583
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05/04/05-80009-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Jane Miller 4-29-05 880944 8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #