

# 2000 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 2000

DOCUMENT # L98000002412

1. Entity Name

AVALON HOMES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -9 PM 1:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

105 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32086

Mailing Address

105 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3542995

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUCHHALA, DHRUV  
105 S. PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME MUCHHALA, DHRUV MGR  
STREET ADDRESS 3950 LEWIS SPEEDWAY  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 900003478738--1  
-11/28/00--01085-013  
\*\*\*\*\*100.00

TITLE ☐ Delete  
NAME PRIME INVESTMENT, LLC MGR  
STREET ADDRESS 105 S. PONCE DE LEON BLVD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 900003478738--1  
-11/28/00--01085-014  
\*\*\*\*\*50.00

TITLE ☐ Delete  
NAME MUCHHALA, DHRUV N MGR  
STREET ADDRESS 105 S. PONCE DE LEON BLVD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 900003478738--1  
-11/28/00--01085-014  
\*\*\*\*\*50.00

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)