2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # L9900006310 1. Entity Name AVISTA PROPERTIES XII, LLC			Secretary of State
Principal Place of Business Mailing Address 5353 CONROY ROAD, SUITE 200 0RLANDO, FL 32811 0RLANDO, FL 32811			
DO NOT WRITE IN THIS SPACE			01042005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applied For Not Applicable 59-3601013 \$5.00 Additional Fee Required
VALBH, ANIL I 5353 CONROY ROAD, SUITE 200 ORLANDO, FL 32811			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE			
Filing Fee is \$50.00 Due by May 1, 2005		**	U00000347404 04/30/05-80114~009 50.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR VALBH, ANIL I 5353 CONROY ROAD, SUITE 200 ORLANDO, FL 32811		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the Information supplied with this filling does not divalify 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

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

SIGNATURE: