2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M0000000984 1. Entity Name AVPF GENERAL, LLC				Se	cretary of State
Principal Place of Business 255 ALHAMBRA CIR SUITE 1100 CORAL GABLES, FL 33134		Mailing Address 255 ALHAMBRA CIR SUITE 1100 CORAL GABLES, FL 33134			
ם	O NOT WRITE	IN THIS SPA	CE	04222005No Chg-LLC 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		``	
BLUMBERG, PHILIP F 255 ALHAMBRA CIR SUITE 1100 CORAL GABLES, FL 33134				DO NOT W IN THIS SP	PACE
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and		red office or register		orida. I am familiar with, and accept
Fi De	iling Fee is \$50.00 ue by May 1, 2005			Linoot	00346599 5-80080-019_50.00
9.	MANAGING MEMBER	Š/MANAGERS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLUMBERG, PHILIP F 255 ALHAMBRA CIRCLE, STE #1 CORAL GABLES, FL 33134	100			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	
TITLE NAME STREET ADDRESS				····IN THIS SF	PACE

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 path; that I am a managing member or manager of the limited liability company or the receiver it trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Philip F. Blumberge, Sole Member and Manager.

April 25, 2005

Date

305.569.9500

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> GING MEMBER, OR AUTHORIZED REPRESENTATIVE OF SIGNING M SIGNATURE AND T

Daytime Phone #