2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002699

1. Entity Name

AAVIN EQUITY ADVISORS, LLC

FILED
01 FEB 14 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
118 Third Avenue SE, Suite 837 Cedar Rapids, IA 52401	

2. Principal Place of Business	**3.** Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	**4.** FEI Number	✔ 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
Kirk Kaalberg 11590 Compass Point Drive Fort Myers, FL 33908	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

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*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		**10.** ADDITIONS/CHANGES	
TITLE Managing Executive Director ☐ Delete		TITLE	☐ Change ☐ Addition
NAME James D. Thorp		NAME	
STREET ADDRESS 118 Third Avenue SE, Suite 837		STREET ADDRESS	
CITY-ST-ZIP Cedar Rapids, IA 52401		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (11/00)

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: _James D. Thorp_   Managing Executive Director   2/8/01   319-247-1072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #