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| ANNUAL REPORT   |  |             |                       | Apr 16, 2008 08:00  |                                     |
|---|--|-------------|-----------------------|---|-------------------------------------|
| DOCU  | MENT # M01000000   | 039         |                       |   | etary of Sta                        |
| 1. Entity Nam<br>AVON-PA  | RK'RETAILI, LLC  |             |                       |   | v                                   |
| Principal Place of Business  1900 THE EXCHANGE, STE. 180 ATLANTA, GA 30339  Mailing Address  1900 THE EXCHANGE, STE. 18 ATLANTA, GA 30339 |  |             | 0                     |   | A naska nasina alika iniana ak inak |
|   |  |             |                       |   | † <b>88</b> 33 <b>1883</b>          |
|   | O NOT WRITE  | IN THIS SDA | ,<br>CE               | 02112008No Chg-LLC  | 2E083 (12/07)                       |
| L   | O NOT WRITE  | IN THIS SPA | JE.                   | 4. FEI Number 58-2587656  | Applied For Not Applicable          |
|   | 1  |             |                       | 5. Certificate of Status Desired                                  | \$5.00 Additional<br>Fee Required   |
| 6. Name and Address of Current Registered Agent  BATTILLO, WILLIAM S 23318 OAK PRAIRE CIR LEESBURG, FL 34748                              |  |             |                       | DO NOT WRIT   | . ,                                 |
|   | named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent ar |             | ed office or register | ed agent, or both, in the State of Florida. I a when reinstating) |                                     |
| FILE<br>After May   | NOWIII FEE IS \$138.75<br>1, 2008 Fee will be \$538.75   |             |                       | 00000090091<br>04/29/08-80046                                     | 0<br>∹019 138.75                    |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MANAGING MEMBER<br>MGRM<br>VANGUARD RETAIL II, LLC<br>1900 THE EXCHANGE STE 180<br>ATLANTA, GA 30339                       | RS/MANAGERS | ***                   |   |                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   |  |             |                       |   |                                     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |             |                       | DO NOT WRIT   |                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |             |                       | IN THIS SPAC  | E                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |             |                       |   | ·<br>·                              |
| TITLE   |  |             | I . `                 | of the configuration  |                                     |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 emparager to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MAN MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS