

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002340

Entity Name: AVALON VENTURES, LLC

FILED
May 15, 2006
Secretary of State

Current Principal Place of Business:

5310 BOCA MARINA CIRCLE
BOCA RATON, FL 33487

New Principal Place of Business:

443 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432

Current Mailing Address:

5310 BOCA MARINA CIRCLE
BOCA RATON, FL 33487

New Mailing Address:

443 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432

FEI Number: 14-1809426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZINN, MICHAEL F
Address: 5310 BOCA MARINA CIRCLE
City-St-Zip: BOCA RATON, FL 33487

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MBR (X) Change () Addition
Name: ESTATE OF MICHAEL ZI, NN
Address: PO BOX 640
City-St-Zip: KINGSTON, NY 12401

Title: MBR () Change (X) Addition
Name: RANDI ZINN,
Address: 220 E. 22ND STREET, APT 4N
City-St-Zip: NY, NY 10010

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FREDERIC M. ZINN

MBR

05/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date