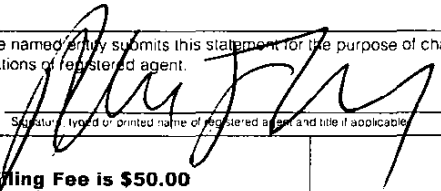
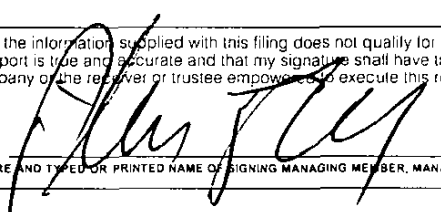


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90192 025 ****55.00

DOCUMENT # M03000001840 1. Entity Name AVP FUND-I GP LLC																													
Principal Place of Business 255 ALHAMBRA CIR., STE. 1100 CORAL GABLES, FL 33134-7400			Mailing Address 255 ALHAMBRA CIR., STE. 1100 CORAL GABLES, FL 33134-7400																										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 01-0776088																									
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Philip F. Blumberg Street Address (P.O. Box Number is Not Acceptable) 255 Alhambra Circle, Suite 1100 City Coral Gables FL Zip Code 33134																									
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/30/07																													
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGR</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BLUMBERG, PHILIP F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>255 ALHAMBRA CIR., STE. 1100</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL GABLES, FL 331347400</td> <td></td> </tr> </table>			TITLE	MGR	☐ Delete	NAME	BLUMBERG, PHILIP F		STREET ADDRESS	255 ALHAMBRA CIR., STE. 1100		CITY - ST - ZIP	CORAL GABLES, FL 331347400		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 empowered to execute this report as required by Chapter 608, Florida Statutes																													
SIGNATURE: 				Date 4/30/07																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 305-569-9500																									