2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000003385

1. Entity Name AVNM GENERAL, LLC



1

Principal Place of Business

255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134-7400 Mailing Address

255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134-7400 FILED
May 02, 2006 08:00 Al
Secretary of State



04172006No Chg-LLC

CR2E083 (11/05)

FEI Number	[Applied For
NOT APPLICABLE		Not Applicable

5. Certificate of Status Desired

04-25-06

<u>305–560–9500</u>

Daytime Phone #

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMBERG, PHILIP 255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134-7400

Philip F. Blumberg

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING MANAGING

SIGNATURE:

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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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
	iling Fee is \$50.00 ue by May 1, 2006	(10 to 1 ingree on gard of state induced mark chickensy)		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUMBERG, PHILIP F 255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 331347400		I I O O O O O O O O O O O O O O O O O O	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000559224 05/17/06-80127-016 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY+ST-ZIP		<u> </u>		
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 triy 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 employees to execute this seport, as required by Chapter 608, Florida Statutes.				

RIZED REPRESENTATIVE