

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002339

Entity Name: AVANTCEE, LLC

FILED  
May 24, 2005  
Secretary of State

**Current Principal Place of Business:**

462 MOORING LINE DRIVE  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

462 MOORING LINE DRIVE  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 20-0052949      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:**

**Name and Address of New Registered Agent:**

MCMAHON, SIMON  
462 MOORING LINE DRIVE  
NAPLES, FL 34102      US

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/MEMBERS:**

Title: MGR      ( ) Delete  
Name: MCMAHON, SIMON  
Address: 462 MOORING LINE DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: MGR      ( ) Delete  
Name: LODE, AIVARS  
Address: 3103 LEEWARD LANE  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIMON THOMAS MCMAHON

MGR

05/24/2005

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