


2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
ANNUAL REPORT		
DOCUMENT # <u>MD4 000002570</u>		
1. Limited Liability Company's Name Avante Venture Partners LLC		

FILED

08 AUG 25 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
7001548888
08/20/08--01025--003 **138.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 7512 Dr. Phillips Drive Suite 50 Suite, Apt. #, etc. No: 415 City & State Orlando FL 32819 Zip Country		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country		4. State/Country of Formation Delaware	
				5. Date Organized or Qualified To Do Business in Florida June 18th 2004	
				6. FEI Number 42-1635552 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name NRAI Services Inc			
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive			
Suite, Apt. #, Etc. Suite 4			
City Weston	State FL	Zip Code 33331	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent <u>SEL A. HICKEL</u>	Date _____
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Paul Stefan	8506 Saint Marino Blvd	Orlando FL 32836

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
Signature of Managing Member/Manager <u>Paul Stefan</u>	Date <u>8/18/08</u> Daytime Phone # <u>407-302-6463</u>
Typed or printed name of signing Managing Member/Manager <u>PAUL STEFAN</u>	