



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90235 029 \*\*\*138.75

|  |   |  |   |   |                       |
|--|---|--|---|---|-----------------------|
| <b>DOCUMENT # M05000004012</b><br>1. Entity Name<br><b>AVAD LLC</b>  |   |  |   |                |                       |
| Principal Place of Business<br><b>16201 STAGG STREET<br/>VAN NUYS, CA 91406</b>  |   |  | Mailing Address<br><b>16201 STAGG STREET<br/>VAN NUYS, CA 91406</b>   |   |                       |
| 2. Principal Place of Business - No P.O. Box #<br><b>16333 Raymer Street</b>   |   | 3. Mailing Address<br><b>16333 Raymer Street</b> |   |   |                       |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>                          |   |   |                       |
| City & State<br><b>Van Nuys, CA</b>  |   | City & State<br><b>Van Nuys, CA</b>              |   | 4. FEI Number<br><b>20-2973125</b>  |                       |
| Zip<br><b>91406</b>  |   | Country<br><b>USA</b>                            |   | Applied For<br><input type="checkbox"/> Not Applicable  |                       |
| Zip<br><b>91406</b>  |   | Country<br><b>USA</b>                            |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                       |
| <b>6. Name and Address of Current Registered Agent</b><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |                       |
| 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 _____  |   |  |   |   |                       |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |                       |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BRADLEY, KEITH W.F.<br>1600 E ST. ANDREW PL<br>SANTA ANA, CA 92705 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DONOHUE, RICHARD S<br>1600 E ST. ANDREW PL<br>SANTA ANA, CA 92705  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                       |
| 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. |   |  |   |   |                       |
| <b>SIGNATURE:</b>   |   |  | <b>Richard Donohue</b>  |   | <b>(714) 566-1000</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date  |   | Daytime Phone #       |