2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047176

Entity Name: AVION APARTMENTS, INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1801 HERMITAGE BLVD STE 100 TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1801 HERMITAGE BLVD STE 100 TALLAHASSEE, FL 32308 FEI Number: 20-0018608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD US FORT LAUDERDALE, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BENNETT, DOUGLAS W Name: Name: 1801 HERMITAGE BLVD STE 100 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: Title: DVAT () Delete () Change () Addition Name: GRAY, LYNNE M. Name: 1801 HERMITAGE BLVD STE 100 Address: Address: TALLAHASSEE, FL 32308 City-St-Zip: City-St-Zip: Title: Title: DVAS () Delete () Change () Addition SMITH, JEFFREY L Name: Name: 1801 HERMITAGE BLVD STE 100 Address: Address: TALLAHASSEE, FL 32308 City-St-Zip: City-St-Zip: Title: VT () Delete Title: () Change () Addition SMITH, ROGER E Name: Name: Address: 191 N. WACKER DR., SUITE 2500 Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: ٧S Title: () Delete () Change () Addition MCCARTHY, THOMAS D Name: Name: 191 N. WACKER DR., SUITE 2500 Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: VAS () Delete Title: () Change () Addition KURNICK, KAREN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address: City-St-Zip:

SIGNATURE: ROGER E. SMITH VT 04/21/2008

191 N. WACKER DR., SUITE 2500

CHICAGO, IL 60606

Address:

City-St-Zip: