2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90084 024 ***158.75

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DOCUMENT # 315627

1. Entity Name
AVATAR PROPERTIES INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134 US	201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012008 Chg-P CR2E034 (12/06)

4. FEI Number 23-1693997 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KERRIGAN, JUANITA I. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME FELS, JONATHAN STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL CITY-ST-ZIP CORAL GABLES, FL 33134	☐ Delete	TITLE VT NAME KOTLER, RANDY STREET ADDRESS 201 ALHAMBRA CIR, 12 FL CITY-ST-ZIP CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE VD NAME GETMAN, DENNIS J. STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL CITY-ST-ZIP CORAL GABLES, FL 33134	☒ Delete	TITLE V NAME FLETCHER, PATRICIA K. STREET ADDRESS 201 ALHAMBRA CIR, 12 FL CITY-ST-ZIP CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE VS NAME KERRIGAN, JUANITA I. STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL CITY-ST-ZIP CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VTD NAME MCNAIRY, CHARLES STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL CITY-ST-ZIP CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME LEVY, MICHAEL STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL CITY-ST-ZIP CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME KELFER, GERALD STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL CITY-ST-ZIP CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BY: Juanita I. Kerrigan, VP/SEC. 4/18/08 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #