


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90066 014 \*\*\*158.75

<b>DOCUMENT # 832355</b>					
1. Entity Name AVATAR HOLDINGS INC.					
Principal Place of Business 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134-5102			Mailing Address 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134-5102		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-1739078	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GETMAN, DENNIS J.		NAME	FLETCHER, PATRICK K	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELFER, GERALD D		NAME	NASH, JUSTUS	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAIRY, CHARLES		NAME	SIMON, JOEL M.	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA I.		NAME	BREA, EDUARDO	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL		STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	EINIGER, ROGER W	
STREET ADDRESS			STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DRESNER, MILTON	
STREET ADDRESS			STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL GABLES, FL 33134	
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: <i>Juanita I. Kerrigan</i> VP/Sec.		Date: 4/25/07		Daytime Phone: (305) 442-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JUANITA I. KERRIGAN					