No. <b>W 53836</b>	Due no later than Aug 31, 2007	2. Registered Agent and Address (NO PO BOX)				
Return to:	rn to: Annual Report Form		JOEL PHILLIPS			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	139 S 11TH AVE POCATELLO ID 83201				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	AVENTURA DESIGN/BUILD LLC  JOEL D PHILLIPS  PO BOX 4124		ID 83201			
	POCATELLO ID 83205	3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER MATT TOV	EY 1432 E POPLAR ST	POCATELLO	ID	USA	83201	
MANAGER JOEL PHILL	PS 139 S 11TH AVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  6. Annual Report must be signed.*						
ID Signature: Joel Phillips		Date: 06/13/2007				
W 53836	Name (type or print): Joel Phillips	Title: Manager				
Processed 06/13/2007	* Electronically provided signatures are accepted as original signatures.					