


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90024 050 ****50.00

DOCUMENT # L0000003157

1. Entity Name
ADVENIR @ HOMESTEAD, LLC



Principal Place of Business ADVENIR, LLC 10 WATERCHASE DR., GROUND FLOOR ROCKY HILL CT 06067	Mailing Address ADVENIR, LLC 10 WATERCHASE DR., GROUND FLOOR ROCKY HILL CT 06067
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2. Principal Place of Business 17501 Biscayne Blvd Suite, Apt. #, etc. Ste 300	3. Mailing Address 17501 Biscayne Blvd Suite, Apt. #, etc. Ste 300
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1st MOORE CR2E083 (10/05)

City & State Aventura, FL	City & State Aventura, FL	4. FEI Number 06-1572442	Applied For <input type="checkbox"/> Not Applicable
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Zip 33160	Country USA	Zip 33160	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROLLNICK, NEIL 2601 S. BAYSHORE DR MIAMI FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

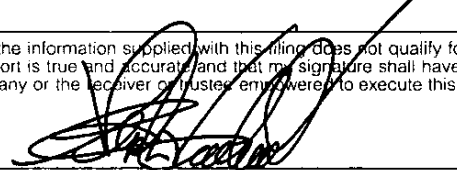
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE .. MGRM <input type="checkbox"/> Delete NAME ADVENIR, LLC STREET ADDRESS 4780 N.W. 9TH STREET CITY-ST-ZIP PLANTATION FL 33317	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Stephen L. Vecchitto, MGRM STREET ADDRESS Advenir, Inc. CITY-ST-ZIP 17501 Biscayne Blvd, Aventura, FL 33160	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #