2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # L03000003228 1. Entity Name ADVENIR@ASBURY, LLC Mailing Address Principal Place of Business 4780 NW 9TH STREET 4780 NW 9TH STREET PLANTATION, FL 33317 PLANTATION, FL 33317 CR2E083 (10/03) 01112005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0669507 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROLLNICK, NEIL S 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI, FL 33133 --IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 000000332365 04/26/05-80055-008 50.00 Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ADVENIR, LLC NAME 4780 NW 9TH STREET STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this fijing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #