

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000060246

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** COUNTRY WALK AREA LLC

**Current Principal Place of Business:**

% DARIN WADE MELLINGER, P.A.  
1200 N FEDERAL HWY - STE 200  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

2801 NE 208 TERR  
2ND FLOOR  
AVENTURA, FL 33180 US

**Current Mailing Address:**

% DARIN WADE MELLINGER, P.A.  
1200 N FEDERAL HWY - STE 200  
BOCA RATON, FL 33432 US

**New Mailing Address:**

2801 NE 208 TERR  
2ND FLOOR  
AVENTURA, FL 33180 US

FEI Number: 61-1629771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROGNO, SILVIA  
1537 VICTORIA ISLE WAY  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BROGNO, SILVIA  
Address: 1537 VICTORIA ISLE WAY  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM  
Name: GELMAN, LILIANA P  
Address: 2801 NE 208 TERR 2ND FLOOR  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM  
Name: MODERA, GERMAN D  
Address: 2801 NE 208 TERR 2ND FLOOR  
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LILIANA GELMAN

MGRM

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date