2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# M04000002393

Entity Name: ARBOUR WALK DEVELOPERS, LLC

Current Principal Place of Business:

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

New Principal Place of Business:

6340 SUNSET DRIVE
MIAMI, FL 33143 US

Current Mailing Address:

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

New Mailing Address:

6340 SUNSET DRIVE
MIAMI, FL 33143

FEI Number: 20-1255560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BOULEVARD
SUITE 1700
MIAMI, FL 33131 US

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: JON CHASSEN 01/03/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	FIELDSTONE, RONALD R	
Address:	201 ALHAMBRA CIRCLE, SUITE 601	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	(X) Delete
Name:	LESTER, PAUL A	
Address:	201 ALHAMBRA CIRCLE, SUITE 601	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	(X) Delete
Name:	SHEAR, DAVID	
Address:	201 ALHAMBRA CIRCLE, SUITE 601	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	(X) Delete
Name:	DENBERG, MICHAEL B	
Address:	201 ALHAMBRA CIRCLE, SUITE 601	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	(X) Delete
Name:	CABRERIZO, TOMAS	
Address:	6340 SUNSET DRIVE	
City-St-Zip:	MIAMI, FL 33143	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	CABRERIZO, TOMAS	
Address:	6340 SUNSET DRIVE	
City-St-Zip:	MIAMI, FL 33143 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TOMAS CABRERIZO MGR 01/03/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date