

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005700

FILED  
May 01, 2008  
Secretary of State

Entity Name: LA ESTANCIA AVENTURA, L.L.C.

**Current Principal Place of Business:**

17870 BISCAYNE BLVD.  
AVENTURA, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

9355 SW 56TH STREET/MILLER DRIVE  
KENDALL, FL 33165 US

**New Mailing Address:**

4425 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146 US

FEI Number: 47-0910339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ROTH, LEONARDO A ESQ  
18851 NE 29TH AVE  
SUITE 900  
AVENTURA, FL 33180 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 ( ) Delete  
Name: HORIGIAN, FERNANDO  
Address: 9355 SW 56TH STREET/MILLER DRIVE  
City-St-Zip: KENDALL, FL 33165 US

Title: MGR ( ) Delete  
Name: KOJUSNER, CLAUDIO  
Address: 9355 SW 56TH STREET/MILLER DRIVE  
City-St-Zip: KENDALL, FL 33165 US

Title: MGR ( ) Delete  
Name: KOJUSNER, GASTON  
Address: 9355 SW 56TH STREET/MILLER DRIVE  
City-St-Zip: KENDALL, FL 33165 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HORIGIAN, FERNANDO  
Address: 4425 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR (X) Change ( ) Addition  
Name: KOJUSNER, CLAUDIO  
Address: 4425 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR (X) Change ( ) Addition  
Name: KOJUSNER, GASTON  
Address: 4425 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146 US

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: GASTON KOJUSNER

MGR

05/01/2008

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