

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020151

Entity Name: ARA-AVENTURA LLC

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

19010 NORTHEAST 29TH AVENUE  
AVENTURA, FL 33180

## New Principal Place of Business:

19010 N.E. 29TH AVE.  
CONCORDE PLAZA  
AVENTURA, FL 33180-282 US

## Current Mailing Address:

66 CHERRY HILL DR.  
BEVERLY, MA 01915

## New Mailing Address:

FEI Number: 06-1635994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CHRISTOPHER, FORD  
Address: 66 CHERRY HILL DRIVE  
City-St-Zip: BEVERLY, MA 01915

Title: MGR ( ) Delete  
Name: GOLDSAND, CARL M.D.  
Address: GREATER MIA NEPH., 16501 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33169

Title: MGR ( ) Delete  
Name: PENA, CARLOS M.D.  
Address: 1137 CASTLE AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: KAMAL, SYED  
Address: 18302 HIGHWOODS PRESERVE PARKWAY STE 112  
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Delete  
Name: CARLUCCI, JOSEPH  
Address: 66 CHERRY HILL DR.  
City-St-Zip: BEVERLY, MA 01915

## ADDITIONS/CHANGES:

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:

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: CHRISTOPHER FORD

MGR

03/30/2009

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