I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: TOMAS KATZ

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

	5 5	5		
Authorized Person(s) Detail :				
Title	MGR, MANAGER	Title	AR	
Name	AVENTURA VILLAGE GP LLC	Name	LEIBOVICH , MICHEL	
Address	4770 BISCAYNE BLVD SUITE 400	Address	4770 BISCAYNE BLVD 400	
City-State-Zip:	AVENTURA FL 33137	City-State	e-Zip: AVENTURA FL 33137	
Title	AR			
Name	KATZ, TOMAS			
Address	4770 BISCAYNE BLVD			

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.

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

SUITE 400

Current Principal Place of Business:

Entity Name: WESTSIDE AVENTURA I LLC

DOCUMENT# L13000083732

4770 BISCAYNE BLVD AVENTURA, FL 33137

Current Mailing Address:

4770 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33137 US

FEI Number: 35-2648226

SIGNATURE: TOMAS KATZ

400

AVENTURA FL 33137

City-State-Zip:

Name and Address of Current Registered Agent:

KATZ, TOMAS DIEGO 4770 BISCAYNE BLVD

MIAMI, FL 33137 US

400

Certificate of Status Desired: No

04/29/2022

04/29/2022

Date