## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: By

## May 01, 2007 8:00 am Secretary of State DOCUMENT # F01000006127 05-01-2007 90019 014 \*\*\*158.75 1. Entity Name AVENTURA LAND HOLDING II (DEL), INC. Principal Place of Business Mailing Address 40094963 321 E. HILLSBORO BLVD. 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 01-0627843 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOTZER, TED 321 E HILLSBORO BLVD. Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH, FL 33441 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET, BRIAN NAME 321 E. HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP DVS ☐ Delete TITLE TITLE ☐ Change ☐ Addition COHEN, JAMES H NAME NAME 321 E. HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH, FL 33441 ☐ Delete TITLE TITLE ☐ Change XX Addition NAME Jeff Scott STREET ADDRESS STREET ADDRESS 2200 N.E. 143rd Street, Suite 100 Miami, FL 33181 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or fusion of the corporation or the receiver or fusion of the corporation of the corpo

**FILED** 

March 8, 2007

(954) 949-3480