

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000146

FILED
Jan 12, 2004
Secretary of State

Entity Name: AVENTURA/TOWN SQUARE PHASE II, LLC

Current Principal Place of Business:

9995 GATE PARKWAY
SUITE 400
JACKSONVILLE, FL 32246

New Principal Place of Business:

9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246

Current Mailing Address:

9995 GATE PARKWAY
SUITE 400
JACKSONVILLE, FL 32246

New Mailing Address:

9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246

FEI Number: 59-3666132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEGLER, STEVEN C
9995 GATE PARKWAY
SUITE 400
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

KOEGLER, STEVEN C
9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246 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:

01/12/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: AVENTURA/TOWN SQUARE, INC
Address: 9995 GATE PARKWAY ,SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AVENTURA/TOWN SQUARE, INC
Address: 9995 GATE PARKWAY N ,SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN C. KOEGLER

P

01/12/2004

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