

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 APR 26 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000146

1. Entity Name
AVENTURA/TOWN SQUARE PHASE II, LLC



Principal Place of Business
9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246

Mailing Address
9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246



02152006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3666132

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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

Filing Fee is \$50.00
Due by May 1, 2006

05/06/06-00064-001 500.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AVENTURA/TOWN SQUARE INC
STREET ADDRESS	9995 GATE PARKWAY N, SUITE 400
CITY ST ZIP	JACKSONVILLE, FL 32246
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

000076070470
06/12/06--01021--006 **50.00

000076070470
06/12/06--01021--006 **158.75

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IN THIS SPACE

11. 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 is true and accurate and that my 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. Kogler* MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/7/06 904-996-8800
Date Daytime Phone #

4/26