# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**Jul 07, 2006**
**Secretary of State**

DOCUMENT# L00000000146

**Entity Name:** AVENTURA/TOWN SQUARE PHASE II, LLC

**Current Principal Place of Business:**

9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246

**New Mailing Address:**

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
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Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: TOWN SQUARE AT SAINT, JOHNS LIMITED
Address: 9995 GATE PARKWAY N ,SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: P/S ( ) Change (X) Addition
Name: KOEGLER, STEVEN C
Address: 9995 GATE PARKWAY N, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP ( ) Change (X) Addition
Name: FRENKEL, RAISSA M
Address: 9995 GATE PARKWAY N, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP ( ) Change (X) Addition
Name: KAVALIEROS, NICK T
Address: 9995 GATE PARKWAY N, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: T ( ) Change (X) Addition
Name: SISSELMAN, STEVEN
Address: 9995 GATE PARKWAY N, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN C. KOEGLER PRES 07/07/2006

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