

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90035 001 \*\*\*138.75

**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**

**60034650**



**DO NOT WRITE IN THIS SPACE**

02252008 No Chg-LLC

CR2E083 (12/07)

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**

**FOSTER, DENNIS A  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TOWN SQUARE AT SAINT JOHNS LIMITED  
9995 GATE PARKWAY N, SUITE 400  
JACKSONVILLE, FL 32246**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FRENKEL, RAISSA M  
9995 GATE PARKWAY N, SUITE 400  
JACKSONVILLE, FL 32246**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
KAVALIEROS, NICK T  
9995 GATE PARKWAY N, SUITE 400  
JACKSONVILLE, FL 32246**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SISSELMAN, STEVEN  
9995 GATE PARKWAY N, SUITE 400  
JACKSONVILLE, FL 32246**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Steven Sisselman  
Treasurer**

Date

Daytime Phone #

**2/28/08 904-996-8800**