2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
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:

FOSTER, DENNIS A
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:	TOWN SQUARE AT SAINT JOHNS LIMITED	
Address:	9995 GATE PARKWAY N ,SUITE 400	
City-St-Zip:	JACKSONVILLE, FL 32246 US	
Title:	VP	( ) Delete
Name:	FRENKEL, RAISSA M	
Address:	9995 GATE PARKWAY N, SUITE 400	
City-St-Zip:	JACKSONVILLE, FL 32246 US	
Title:	PS	( ) Delete
Name:	KAVALIEROS, NICK T	
Address:	9995 GATE PARKWAY N, SUITE 400	
City-St-Zip:	JACKSONVILLE, FL 32246 US	
Title:	T	( ) Delete
Name:	SISSELMAN, STEVEN	
Address:	9995 GATE PARKWAY N, SUITE 400	
City-St-Zip:	JACKSONVILLE, FL 32246 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: NICK T. KAVALIEROS P 03/26/2009

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