2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

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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:

NUNN, DANIEL B JR.
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE, FL 32202 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
Name: TOWN SQUARE AT SAINT JOHNS LIMITED
Address: 9995 GATE PARKWAY N ,SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

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

Title: PS
Name: KAVALIEROS, NICK T
Address: 9995 GATE PARKWAY N, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246 US

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

I hereby 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 Statues.

SIGNATURE: NICK T. KAVALIEROS PS 03/14/2011

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