

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000146

FILED  
Mar 02, 2012  
Secretary of State

**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 Statutes.

SIGNATURE: NICK T. KAVALIEROS

PS

03/02/2012

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