


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90024 050 \*\*\*\*50.00

**DOCUMENT # L0000003157**

1. Entity Name  
**ADVENIR @ HOMESTEAD, LLC**



Principal Place of Business <b>ADVENIR, LLC          10 WATERCHASE DR., GROUND FLOOR          ROCKY HILL CT 06067</b>	Mailing Address <b>ADVENIR, LLC          10 WATERCHASE DR., GROUND FLOOR          ROCKY HILL CT 06067</b>
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2. Principal Place of Business <b>17501 Biscayne Blvd          Suite, Apt. #, etc.          Ste 300</b>	3. Mailing Address <b>17501 Biscayne Blvd          Suite, Apt. #, etc.          Ste 300</b>
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1st MOORE CR2E083 (10/05)

City & State <b>Aventura, FL</b>	City & State <b>Aventura, FL</b>	4. FEI Number <b>06-1572442</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33160</b>	Country <b>USA</b>	Zip <b>33160</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROLLNICK, NEIL          2601 S. BAYSHORE DR          MIAMI FL 33133</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS	
TITLE .. <b>MGRM</b> <input type="checkbox"/> Delete NAME <b>ADVENIR, LLC</b> STREET ADDRESS <b>4780 N.W. 9TH STREET</b> CITY-ST-ZIP <b>PLANTATION FL 33317</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Stephen L. Vecchitto, MGRM</b> STREET ADDRESS <b>Advenir, Inc.</b> CITY-ST-ZIP <b>17501 Biscayne Blvd, Aventura, FL 33160</b>	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #