
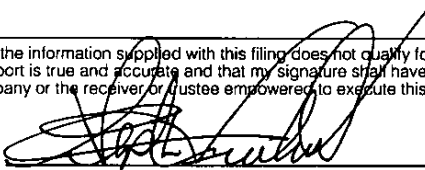


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90083 003 \*\*\*138.75

<b>DOCUMENT # L00000003157</b> 1. Entity Name <b>ADVENIR @ HOMESTEAD, LLC</b>					
Principal Place of Business <b>17501 BISCAYNE BLVD STE 300 NORTH MIAMI BEACH, FL 33160</b>			Mailing Address <b>17501 BISCAYNE BLVD STE 300 NORTH MIAMI BEACH, FL 33160</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>06-1572442</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROLLNICK, NEIL <del>2601 S. BAYSHORE DR MIAMI, FL 33133</del></b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2525 Ponce de Leon Blvd</b> <b>Suite 400</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33143</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VECCHITTO, STEPHEN L 17501 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
<b>SIGNATURE:</b> 		<b>4-23-08</b>		<b>305-948-3535</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

60041212



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
06-1572442

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

ROLLNICK, NEIL  
~~2601 S. BAYSHORE DR  
MIAMI, FL 33133~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2525 Ponce de Leon Blvd**  
**Suite 400**  
City **Coral Gables** **FL** Zip Code **33143**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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**SIGNATURE:**  **4-23-08** **305-948-3535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #