

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000004249

1. Entity Name
TWO-O-THIRD AVENTURA LLC.



Principal Place of Business
**2627 N.E. 203RD STREET STE 118
AVENTURA, FL 33180**

Mailing Address
**2627 N.E. 203RD STREET STE 118
AVENTURA, FL 33180**



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2255295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000598643
01/24/07-80084-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
ROSS, JORDON
3000 ISLAND BLVD.
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
LEWINGER, NATHAN
2600 ISLAND BLVD. #2906
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
LEWINGER, SARA T
2600 ISLAND BLVD. #2906
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #