2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007046

1. Entity Name
ADVENIR@HP, LLC

Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DRIVE 1600 MIAMI, FL 33133	2601 SOUTH BAYSHORE DRIVE 1600 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

06302004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 06-1616195	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   Fee Required

6. Name and Address of Current Registered Agent

ROLLNICK, NEIL
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI, FL 33133

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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_____
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 September 8, 2004

U000000169592
08/09/04-80003-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VECHINO, STEPHEN L
STREET ADDRESS	10 WATERCHSE DR
CITY-ST-ZIP	ROCKY HILL, CT 06067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   7/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #