

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90165 001 \*\*\*\*50.00

**DOCUMENT # L01000012829**

1. Entity Name

**AVENTURA PRESERVE INVESTORS, LLC**

Principal Place of Business

**280 TRUMBULL STREET  
 % REAL ESTATE LAW DEP., H-11F CIGNA CORP.  
 HARTFORD CT 06103**

Mailing Address

**280 TRUMBULL STREET  
 % REAL ESTATE LAW DEP., H-11F CIGNA CORP.  
 HARTFORD CT 06103**

**943813**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**06-1627189**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FHS CORPORATE SERVICES, INC.  
 11780 U.S. HIGHWAY #1, SUITE 300  
 NORTH PALM BEACH FL 33408**

Name

**C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

City

**Plantation**

**FL**

Zip Code

**33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CG AVENTURA, LLC 280 TRUMBULL STREET, CIGNA CORPORATION HARTFORD CT 06103</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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.

**CG Aventura, LLC**

By: *Susan L. Cooper*  
**Susan L. Cooper, Authorized Representative**

**SIGNATURE:**

**04/03/02**

**(860) 226-5686**

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

Date

Daytime Phone #

CR2E083 (9/01)