

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2006 90024 049 *****50.00

DOCUMENT # L01000016799 1. Entity Name ADVENIR@KINGS, LLC					
Principal Place of Business 10 WATERCHASE DR 1-EAST ROCKY HILL, CT 06067				Mailing Address 10 WATERCHASE DR 1-EAST ROCKY HILL, CT 06067	
2. Principal Place of Business 17501 Biscayne Blvd Ste 300		3. Mailing Address 17501 Biscayne Blvd Ste 300			
Suite, Apt. #, etc. Ste 300		Suite, Apt. #, etc. Ste 300			
City & State Aventura, FL		City & State Aventura, FL			
Zip 33160		Country USA		Zip 33160	
Country USA		Country USA			
4. FEI Number 06-1631915				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03202006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ROLLNICK, NEIL S 2601 SOUTH BAYSHORE DRIVE STE 1600 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADVENIR, LLC - ATTN: STEPHEN L. VECCHITTO 10 WATERCHASE DR ROCKY HILL, CT 06067 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Advenir, Inc - Stephen L. Vecchitto 17501 Biscayne Blvd. Aventura, FL 33160 <input checked="" 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	
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 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	