
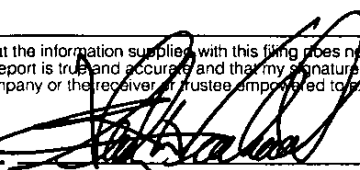


**2006 LIMITED LIABILITY COMPANY .
ANNUAL REPORT**

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

05-05-2006 90023 005 ****50.00

DOCUMENT # L01000018640					
1. Entity Name ADVENIR REAL ESTATE MANAGEMENT, LLC					
Principal Place of Business 14900 S.W. 82ND TERR., STE. 102 MIAMI, FL 33193			Mailing Address 14900 S.W. 82ND TERR., STE. 102 MIAMI, FL 33193		
2. Principal Place of Business 17501 Biscayne Blvd. Suite, Apt. #, etc. Ste. 300 City & State Aventura, FL Zip 33160 Country USA		3. Mailing Address 17501 Biscayne Blvd Suite, Apt. #, etc. Ste 300 City & State Aventura, FL Zip 33160 Country USA		04192006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 06-1536948				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ROLLNICK, NEIL S 133 SEVILLA CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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 VECCHITTO, STEPHEN L 10 WATERCHASE DR. ROCKY HILL, CY 06067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	17501 Biscayne Blvd., Ste. 300 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
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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 				Date 4-15-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	