

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000012900 1. Entity Name ADVENIR@MAJESTIC, LLC	
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Principal Place of Business 17501 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33160	Mailing Address 17501 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33160
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01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 46-0480888	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROLLNICK, NEIL S 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33313-3	DO NOT WRITE IN THIS SPACE
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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 _____

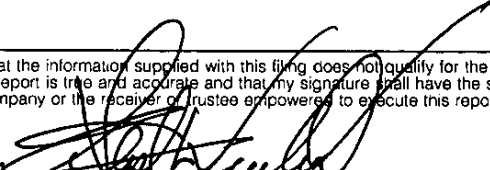
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADVENIR, INC. 17501 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33160
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04/18/07-80056-001 50.00

**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

3/8/07 305-948-3535
Date Daytime Phone #