

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90238 037 ****50.00

DOCUMENT # L03000020672
 1. Entity Name
 ADVENT DEVELOPMENT, LLC



Principal Place of Business Mailing Address
 3400 S. TAMiami TRAIL 3400 S. TAMiami TRAIL
 STE. 202 STE. 202
 SARASOTA, FL 34239 US SARASOTA, FL 34239 US

20024009



2. Principal Place of Business 3. Mailing Address
 1950 ALTA VISTA ST 1950 ALTA VISTA ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03202005 Chg-LLC CR2E083 (10/03)

City & State City & State
 SARASOTA, FL SARASOTA, FL

4. FEI Number Applied For
 65-1204925 Not Applicable

Zip Country Zip Country
 34236 34236

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

LUZIER, THOMAS B
 3400 S. TAMiami TRAIL
 STE. 202
 SARASOTA, FL 34239

Name MONIQUE Joannette
 Street Address (P.O. Box Number is Not Acceptable)
 1950 ALTA VISTA ST
 City SARASOTA FL Zip Code 34236

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]* DATE

Filing Fee is \$50.00
 Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOANNETTE, MONIQUE 3624 BENEVA OAKS BLVD. SARASOTA, FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 1950 ALTA VISTA ST SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Andree Huffine 2235 34th Lane East Sarasota, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alexander Newberry 1950 ALTA VISTA ST SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* DATE Daytime Phone #