## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## **FILED** Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # L03000033162** 1. Entity Name ADVENIR@CALYPSO, LLC Principal Place of Business Mailing Address 4780 N.W. 9TH STREET 4780 N.W. 9TH STREET PLANTATION, FL 33317 PLANTATION, FL 33317 01112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2123036 Not Applicable **\$5.00** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROLLNICK, NEIL S 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI, FL 33133 IN THIS SPACE 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 registerod agent and title if applicable. (NOTE, Begistered Agent signature required when retnatating) DATE Filing Fee is \$50.00 Due by May 1, 2005 U000000332372 04/26/05-80055-015 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TATLE ADVENIR, INC. NAME 4780 N.W. 9TH STREET STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of trustee employered to execute this report as required by Chapter 608, Florida Statutes.

Date

Deytime Phone #