

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038297

FILED
Aug 14, 2009
Secretary of State

Entity Name: AVENTURA JOSWIL 09/03 LLC

Current Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

New Principal Place of Business:

2665 S. BAYSHORE DR.
SUITE 906
COCONUT GROVE, FL 33131

Current Mailing Address:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

New Mailing Address:

2665 S. BAYSHORE DR.
SUITE 906
COCONUT GROVE, FL 33131

FEI Number: 20-0290003 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GURIAN, JORGE
2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GURIAN, JORGE
2665 S. BAYSHORE DR.
SUITE 906
COCONUT GROVE, FL 33131 US

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.

SIGNATURE: JORGE L. GURIAN

08/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MENDOZA, JOSE NICOLAS
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MENDOZA, JOSE NICOLAS
Address: 2665 S. BAYSHORE DR. SUITE 906
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE NICOLAS MENDOZA

MGRM

08/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date