2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 01, 2006 08:00 AM **Secretary of State** DOCUMENT # L04000014891 1. Entity Name AVENTURA DEVELOPERS, L.L.C. Principal Place of Business Mailing Address 7760 WEST 20TH AVENUE, SUITE 1 HIALEAH FL 33016 7760 WEST 20TH AVENUE, SUITE 1 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-0837719 Not Applicat Zip Country Zici Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SERBER, DANIEL J 2875 N.E. 191ST STREET TURNBERRY PLAZA Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180** Zip Code City 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 registrated agent and tide if applicable (NOTE: Repistered Agent signature required when revisibling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS Change ☐ Addition MLE MGRM ☐ Delete 7)3) F NAME G&D MIAMI, LLC NAME U00000550449 05/13/06-80060-015 50.00 STREET ADDRESS 2875 N.E. 191ST STREET, SUITE 801 STREET ADDRESS CITY-S1-2IP CITY-SI-ZIP **AVENTURA FL 33180** ☐ Delete П Спапре ☐ Addition T)7) F MGRM TITE WEINTHAB INVESTMENTS, L.L.C. NAME NAME STREET ADDRESS 7760 WEST 20TH AVENUE, SUITE 1 STREET ADDRESS CRTY - ST- 218 CITY-ST-ZIP BIOCE JR HABLAIH Change Delete TITE E TATLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE □ Delete ☐ Change Addition 🔲 137) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME MAME STREET ADDRESS STREET ADDRESS C(TY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete ROTE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CH1Y-S1-Z9P CITY-ST-ZIP

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SIGNATURE: ALDU NORTHAN WEINTRAIS 4/19/06 305-557-9398

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fimility company or the receives or trusted empowered to execute this report as required by Chapter 808, Florida Statutes.