

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000014891

1. Entity Name

AVENTURA DEVELOPERS, L.L.C.



Principal Place of Business

7760 WEST 20TH AVENUE, SUITE 1
HIALEAH FL 33016

Mailing Address

7760 WEST 20TH AVENUE, SUITE 1
HIALEAH FL 33016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-0837719

Applied For

Not Applicable

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

SERBER, DANIEL J
2875 N.E. 191ST STREET
TURNBERRY PLAZA
AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer acceptable)

(NOTE: Registered Agent's signature is required when changing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
G&D MIAMI, LLC
2875 N.E. 191ST STREET, SUITE 801
AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U000000924791
05/19/08-80015-019 138.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WEINTRAB INVESTMENTS, L.L.C.
7760 WEST 20TH AVENUE, SUITE 1
HIALEAH FL 33016 ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/08 305-557-9398

Color

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