


FILED
May 20, 2005 8:00 am
Secretary of State

04-20-2005 90028 022 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000024025 1. Entity Name ATRIUM AT AVENTURA DEVELOPMENT, L.L.C.			
Principal Place of Business 7518 ALBERT TILLINGHAST DRIVE SARASOTA, FL 34240		Mailing Address 7518 ALBERT TILLINGHAST DRIVE SARASOTA, FL 34240	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P ESQ. C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 808, Florida Statutes.			
SIGNATURE: <u>Wallace R. Devlin</u>		Date: <u>4-15-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **55-0862911** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required