## 2005 LIMITED LIABILITY COMPANY

04-28-2005 90039 013 \*\*\*\*50.00 FILEU L04000065018 SECRE FARY OF STATE DIVISION OF CORPORATIONS 05 JUL -5 AM 11: 44 01112005 Chg-LLC CR2E083 (10/03) Applied For 4. FÉI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired 0 Fee Required 7. Name and Address of New Registered Agent Zip Code Make check payable to Florida Department of State ADDITIONS/CHANGES ☐ Change ☐ Addition ☐ Change ■ Addition ☐ Change ■ Addition ☐ Change ■ Addition ■ Addition Change ☐ Change ☐ Addition

## **ANNUAL REPORT**

DOCUMENT # L04000065018 1. Entity Name ADVENIR@ARLINGTON, LLC Principal Place of Business Mailing Address 4780 N.W. 9TH STREET 4780 N.W. 9TH STREET PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Ζiρ Country Ζip Country 6. Name and Address of Current Registered Agent ROLLNICK, NEIL S ESQ. Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI, FL 33133 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE ☐ Delete TITLE ADVENIR, INC. NAME MAKE STREET ADDRESS 4780 N.W. 9TH STREET STREET ADDRESS CITY-ST-ZP PLANTATION, FL 33317 CITY-ST-ZIP TITLE ☐ Detete TILLE NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Delete TITLE NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oclete TILE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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 on the jecewey or trustee employed to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Dete Daytime Phone #