


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L04000065018

1. Entity Name
ADVENIR@ARLINGTON, LLC



Principal Place of Business Mailing Address

17501 BISCAYNE BLV STE 300 **17501 BISCAYNE BLV STE 300**
NORTH MIAMI BEACH, FL 33160 **NORTH MIAMI BEACH, FL 33160**



DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1434881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLLNICK, NEIL S ESQ.
2601 SOUTH BAYSHORE DRIVE, SUITE 1600
MIAMI, FL 33133

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

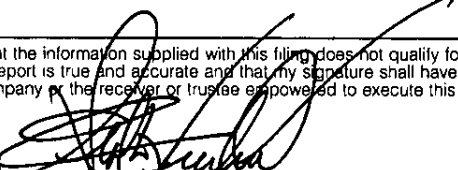
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ADVENIR, INC. 17501 BISCAYNE BLVD STE300 NORTH MIAMI BEACH, FL 33160
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 04/17/07-80046-003.50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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  **3/8/07** **305-948-3535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #