2006 LIMITED LIABILITY COMPANA ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State 05-05-2006 90029 033 ****50.00

DOCUMENT # L05000086705 1. Entity Name ADVENIR WINDSOR@OLA, LLC							05-05-2006 9	00029 033 ****	50.00
Principal Place of Business 17501 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33160			Mailing Address 17501 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33160			1 (M P2) M 1 M	II BEYER BUSH B R IN BR IN BR IN	1 85 II. 18 18 18 18 18 18 	B) B) BS # RB
2. Principal P	lace of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192006	Chg-LLC	CR2E083 (11/0	05)
City & State			City & State			4. FEI Numb	3403966		Applied For Not Applicable
Zip			Zip Count		itry	5. Certificate	a of Status Desired	Fee Req	Additional uired
	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent Name				
ROLLNICH 2525 PON MIAMI, FL	CE DE LE	ESQ. EON BLVD., SUITE 40	0		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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Fi D:	iling Fee i ue by Ma	is \$50.00 y 1, 2006					e check payable a Department of S		
9.		MANAGING MEMBER	I IS/MANAGERS	10.			ADDITIONS /	CHANGES	
TITLE	MGRM		☐ Delete TITLE		E			☐ Char	nge 🔲 Addition
NAME Street address	1	R WINDSOR@OLA GP, L SCAYNE BLVD., SUITE :			EET ADDRESS				
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CITY-ST-ZIP				<i>_</i>	r-S1-ZIP				
11. I hereby certify that the information supplied with this flips does not qually 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 flability company on the received of trusted employered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 4.15.06									
SIGNATURE: 1- EVENTO / 1000									