


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90012 005 ****50.00

DOCUMENT # L05000090965	
1. Entity Name AVENTURA LAND PARTNERS REALTY, LLC	

Principal Place of Business 3600 MISTIC POINT DRIVE, PENTHOUSE 1 AVENTURA, FL 33180	Mailing Address 3600 MISTIC POINT DRIVE, PENTHOUSE 1 AVENTURA, FL 33180
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2. Principal Place of Business 19300 West Dixie Suite, Apt. #, etc. STE 7 City & State N.M.B FL Zip 33180	3. Mailing Address 19300 West Dixie Hwy Suite, Apt. #, etc. STE 7 City & State FL Zip 33180	Country U.S.A
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03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3482865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUSKILA, JAACOV E 3600 MISTIC POINT DRIVE, PENTHOUSE 1 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** _____ **Date** _____ **Daytime Phone #** _____