

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90026 023 ***143.75

60038587



04022008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3502437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AVATAR PROPERTIES INC	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	P	<input type="checkbox"/> Delete
NAME	FELS, JONATHAN	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	LEVY, MICHAEL	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	GETMAN, DENNIS J	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KERRIGAN, JUANITA I	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOTLER, RANDY	
STREET ADDRESS	201 ALHAMBRA CIR, 12 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: By: *Juanita I. Kerrigan, VP/Sec.* 4/25/08 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #