


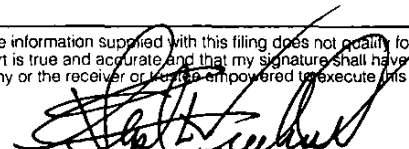
**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90252 001 \*\*\*\*50.00

**60037700**



|  |  |  |   |   |
|--|--|--|---|---|
| <b>DOCUMENT # L05000101964</b>   |  |  |   |  |
| 1. Entity Name<br>ADVENIR@CASA BELLA, LLC  |  |  |   |   |
| Principal Place of Business<br>17501 BISCAYNE BLVD., SUITE 300<br>AVENTURA, FL 33160   |  | Mailing Address<br>17501 BISCAYNE BLVD., SUITE 300<br>AVENTURA, FL 33160 |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |
| City & State   |  | City & State   |   |   |
| Zip  | Country  | Zip  | Country   | 01082007 Chg-LLC CR2E083 (12/06)  |
| 6. Name and Address of Current Registered Agent  |  |  |   | 7. Name and Address of New Registered Agent                                       |
| ROLLNICK, NEIL S ESQ.<br>2525 PONCE DE LEON BLVD., SUITE 400<br>MIAMI, FL 33134  |  |  |   | Name  |
|  |  |  |   | Street Address (P.O. Box Number is Not Acceptable)                                |
|  |  |  |   | City <span style="float:right"><b>FL</b></span> 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 _____  |  |  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>             |   |   |
| 9. MANAGING MEMBERS / MANAGERS   |  |  | 10. ADDITIONS / CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ADVENIR, INC.<br>17501 BISCAYNE BLVD., SUITE 300<br>AVENTURA, FL 33160 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| 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 authorized representative to execute this report as required by Chapter 608, Florida Statutes. |  |  |   |   |
| SIGNATURE:    |  |  | Date: 3/2/07  | Daytime Phone #: 305-948-3535   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date  | Daytime Phone #   |