2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000101965

1. Entity Name
NEW BOSTON ADVENIR@CASA BELLA, LLC

Principal Place of Business	Mailing Address
17501 BISCAYNE BLVD STE 300 NORTH MIAMI BEACH, FL 33160	17501 BISCAYNE BLVD STE 300 NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

01162008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3602620
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROLLNICK, NEIL S ESQ.
2525 PONCE DE LEON BLVD., SUITE 400
MIAMI, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000917906
05/13/08-80061-012 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	NEW BOSTON CHARLOTTE LIMITED PARTNERSHIP
STREET ADDRESS	17501 BISCAYNE BLVD STE 300
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4-21-08 305-948-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #