



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90031 011 ****55.00

DOCUMENT # L05000119841 1. Entity Name RICH HOMES AVENTURA LLC					
Principal Place of Business 100 NORTH BISCAYNE BLVD # 2904 MIAMI, FL 33132 US			Mailing Address 100 NORTH BISCAYNE BLVD # 2904 MIAMI, FL 33132 US		
2. Principal Place of Business 18305 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 216 City & State MIAMI FL Zip 33160 Country US		3. Mailing Address 18305 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 216 City & State MIAMI FL Zip 33160 Country US			
4. FEI Number 20-4422734				<input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIGITTE, BENICHAY 100 NORTH BISCAYNE BLVD #2904 MIAMI, FL 33132			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 <i>Brigitte Benichay</i> (NOTE: Registered Agent signature required when reinstating) DATE 04/25/06					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YAN, NAMER 16300 NE 19 TH AVENUE # 242 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIGITTE, BENICHAY 100 NORTH BISCAYNE #2904 MIAMI, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Brigitte Benichay</i> DATE 04/25/06 DAYTIME PHONE # 305.932.0722					