

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90205 004 ****50.00

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03142007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000119841 1. Entity Name RICH HOMES AVENTURA LLC			
Principal Place of Business 18305 BISCAYNE BLVD SUITE 216 MIAMI, FL 33160 US		Mailing Address 18305 BISCAYNE BLVD SUITE 216 MIAMI, FL 33160 US	
2. Principal Place of Business - No P.O. Box # 18305 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 216		3. Mailing Address 18305 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 216	
City & State AVENTURA FL		City & State AVENTURA FL	
Zip 33160	Country USA	Zip 33160	Country USA
4. FEI Number 20-4422734		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$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 BRIGITTE, BENICHAY Street Address (P.O. Box Number is Not Acceptable) 18305 BISCAYNE BLVD SUITE 216 City AVENTURA FL Zip Code 33160	
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, 2007		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 ☐ Delete 16300 NE 19 TH AVENUE # 242 NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YAN, NAMER ☒ Change ☐ Addition 18305 BISCAYNE BLVD #216 AVENTURA FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIGITTE, BENICHAY ☐ Delete 100 NORTH BISCAYNE #2904 MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIGITTE, BENICHAY ☒ Change ☐ Addition 18305 BISCAYNE BLVD #216 AVENTURA FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 03/14/07 Daytime Phone # _____	