

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000079841
 1. Entity Name
 AVENTURA MARINA TH #118, L.L.C.



Principal Place of Business Mailing Address
 300 EAST STATE STREET 300 EAST STATE STREET
 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

(L06000079841C)

01212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5454980	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 DUSS, JOHN S IV ESQ
 FORD, BOWLUS, DUSS, MORGAN, KENNEY, SAFER
 10110 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257

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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

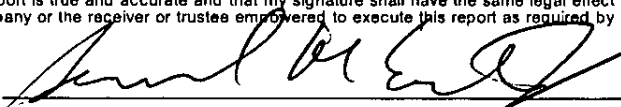
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, SANDERSON & COMPANY 300 EAST STATE STREET JACKSONVILLE, FL 32202
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 02/07/08-80038-008 138.75

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:  DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE