

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110133

Entity Name: AVENTURA VILLAGE 212, LLC

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

19900 E. COUNTRY CLUB DR.
905
AVENTURA, FL 33180

New Principal Place of Business:

19900 E. COUNTRY CLUB DR.
212
AVENTURA, FL 33180

Current Mailing Address:

POBA INTL 158P
BOX 025255
MIAMI, FL 33102

New Mailing Address:

19900 EAST COUNTRY CLUB DR
905
MIAMI, FL 33180

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENAIM, DANIEL
19900 EAST COUNTRY CLUB DR.
905
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENAIM, DANIEL
Address: POBA INTL 158P BOX 025255
City-St-Zip: MIAMI, FL 33102 US

Title: MGRM () Delete
Name: KATZ, SANDRA
Address: 19900 EAST COUNTRY CLUB DRIVE #905
City-St-Zip: AVENTURA, FL 33180 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRS () Change (X) Addition
Name: BENAIM, ANITA
Address: POBA INTL 158P BOX 025255
City-St-Zip: MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDRA B KATZ

MRS

02/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date