FILED
Jun 11, 2008 8:00 am
Secretary of State

05-14-2008 90083 009 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L07000093332

1. Entity Name
ADVENIR POLO@NORTH PARK, LLC

300009173

04182008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
17501 BISCAYNE BOULEVARD, SUITE 300 AVENTURA, FL 33160	17501 BISCAYNE BOULEVARD, SUITE 300 AVENTURA, FL 33160

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 26-0684563 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACAULAY, ROBERT B
ADORNO & YOSS LLP
2525 PONCE DE LEON BLVD., SUITE 400
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Neil S. Rollnick, Esq.
Street Address (P.O. Box Number is Not Acceptable): 2525 Ponce de Leon Blvd., Ste. 400
City: Miami FL Zip Code 33134

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 [signature] April 18, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER STEPHEN L. VECCHITTO 17501 BISCAYNE BLVD STE 300 AVENTURA FL 33160	☐ 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
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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] 4-23-08 305-948-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #