


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
08 SEP -2 PM 4: 15
TALLAHASSEE, FLORIDA

DOCUMENT # L07000105908			
1. Entity Name D WADE'S PLACE AVENTURA, LLC			
Principal Place of Business 5090 PGA BLVD SUITE 200 PALM BEACH GARDENS, FL 33418		Mailing Address 5090 PGA BLVD. SUITE 200 PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business - No P.O. Box # 16395 Biscayne Boulevard		3. Mailing Address P.O. Box 970697	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State N. Miami Beach, FL 33160		City & State Boca Raton, FL. 33497-0697	
Zip 33160	Country USA	Zip 33497-0697	Country USA
6. Name and Address of Current Registered Agent BARNETT, CHARLES D 8412 NATIVE DANCER ROAD PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Angela Gennaro Street Address (P.O. Box Number is Not Acceptable) 3470 East Coast Avenue, Apt. 1101 City Miami FL Zip Code 33137	
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 <u>Angela Gennaro</u> DATE <u>8/25/08</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODBERG, MARK 5090 PGA BLVD., SUITE 200 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Angela Gennaro 3470 East Coast Avenue, Apt. 1101 Miami, Florida 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300135228313 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Angela Gennaro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>8/25/08</u> Daytime Phone # <u>(561) 704 9969</u>	



CORPORATION SERVICE COMPANY

L07000105908

ACCOUNT NO. : 072100000032

REFERENCE : 706285 9376A

AUTHORIZATION :

COST LIMIT : \$ 80

[Handwritten Signature]

ORDER DATE : September 2, 2008

ORDER TIME : 10:54 AM

ORDER NO. : 706285-005

CUSTOMER NO: 9376A

FILED
08 SEP -2 PM 4:15
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

ANNUAL REPORT FILING

NAME: D'WADE'S PLACE AVENTURA, LLC

BK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 SEP -2 PM 1:50
NOT ATTACHED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CONTACT PERSON: Harry B. Davis-EXT#2926

EXAMINER'S INITIALS:

BK