

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117223

Entity Name: CORY LAKES LAND, LLC

FILED
Apr 21, 2011
Secretary of State

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 27-1456390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 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
Name: AVATAR PROPERTIES INC.
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P
Name: YUNES, HENRY D
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T
Name: RAMA, MICHAEL P
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VS
Name: KERRIGAN, JUANITA I
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V
Name: BOROSS, MELISA R
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V
Name: FLETCHER, PATRICIA K
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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: JUANITA I. KERRIGAN

VS

04/21/2011

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