

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000010975

Entity Name: 739 AURELIA, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2601 S BAYSHORE DRIVE PH 1-A  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

C/O VINCE MELE & ASSOCIATES  
2601 SOUTH BAYSHORE DRIVE, PH 1-A  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

PO BOX 273700  
BOCA RATON, FL 334273700

**New Mailing Address:**

PO BOX 273700  
BOCA RATON, FL 33427

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FELDMAN, JOEL H  
401 CAMINO GARDENS BLVD  
BOCA RATON, FL 33432 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: JAFFEE, SHELDON  
Address: 2601 S BAYSHORE DRIVE PH 1-A  
City-St-Zip: COCONUT GROVE, FL 33133

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: SHELDON JAFFEE

MGRM

01/04/2012

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