


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

|  |   |  |
|--|---|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**FILED**

99 MAY -3 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                |  |
|--------------------------------|--|
| <b>FILING FEE</b><br>\$ 188.75 | <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b><br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|--------------------------------|--|

|   |
|---|
| 1. Name and Mailing Address of Limited Liability Company<br><b>DOCUMENT # L9600000019</b><br><br>AVENTURA HOTEL, L.C.<br>1000 MARKET STREET<br>BLDG. ONE<br>PORTSMOUTH NH 03801 |
|---|

|  |
|--|
| 1a. Principal Place of Business Address<br><br>1100 LINTON BOULEVARD<br>SUITE C-9<br>DELRAY BEACH FL 33444 |
|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 2a. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|--|---|

|  |  |
|--|--|
| 3. Date Organized or Qualified<br>01/08/1996 | 3a. State of Formation<br>FL   |
| 4. FEI Number<br>NOT APPLICABLE              | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable            |
| 5. Date of Last Report<br>04/28/1998         | 6. Certificate of Status Desired<br>\$875 Additional Fee Required <input type="checkbox"/> |

|   |
|---|
| 7. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 |
|---|

|   |   |
|---|---|
| 8. Name and Address of New Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City | 000002867380-- 1<br>-05/07/99--01122--013<br>***188.75 ***188.75<br>FL Zip Code |
|---|---|

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when reconstituting)

| 10. Title | Managing Members/Managers | Business Street Address          | City, State and Zip Code |
|-----------|---------------------------|----------------------------------|--------------------------|
| MGR       | WALSH, MICHAEL            | 1100 LINTON BOULEVARD, SUITE C-9 | DELRAY BEACH FL 33444    |
| MGR       | WALSH, MARK               | 1100 LINTON BOULEVARD, SUITE C-9 | DELRAY BEACH FL 33444    |

*Mark Walsh*  
4/10/99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Mark Walsh 4/10/99 203 559-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER (Date) (Business Place #)