

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90244 020 \*\*\*\*50.00

20013674



01202006No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DOCUMENT # L96000000019  
 1. Entity Name  
 AVENTURA HOTEL, L.C.



Principal Place of Business 1001 E. ATLANTIC AVE SUITE 202 DELRAY BEACH, FL 33483	Mailing Address 1000 MARKET STREET BLDG. ONE PORTSMOUTH, NH 03801
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**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, MICHAEL 1001 E. ATLANTIC AVE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, MARK 1001 E. ATLANTIC AVE. DELRAY BEACH, FL 33483
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Michael Walsh* Michael Walsh, Manager 1/26/06 (603) 559-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #