2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L99000003703

1. Entity Name
ARVILLA APARTMENTS, L.C.

Principal Place of Business	Mailing Address
1300 COLLINS AVENUE 100 MIAMI BEACH, FL 33139	1300 COLLINS AVENUE 100 MIAMI BEACH, FL 33139

02222008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0094788
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLESSER, MELVYN
1300 COLLINS AVE #100
MIAMI BEACH, FL 33139

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000846629
03/18/08-80036-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHLESSER, MELVYN
STREET ADDRESS	1300 COLLINS AVE #00
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	LEEDS, ARTHUR
STREET ADDRESS	215 W. 83 ST.
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	MGRM
NAME	GERSHOR, ROBERT
STREET ADDRESS	315 W. 55 ST.
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	MGRM
NAME	GENSHON, MELVIN
STREET ADDRESS	315 W. 55 ST.
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Melvyn Schlesser 2/26/08 305 531 3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #