2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002491

Entity Name: AVANTE AT BOCA RATON, INC.

FILED Apr 30, 2009 Secretary of State

Littly Na	ille. AVAINTI	LAT BOCA KATON, III	1 C.					
Current Principal Place of Business:				New Principal Place of Business:				
SUITE 540	LYWOOD BL') NORTH)OOD, FL 330:			1130 NW 15TH STREET BOCA RATON, FL 33486 US				
Current Mailing Address:				New Mailing Address:				
SUITE 540	LYWOOD BL') NORTH)OOD, FL 330:							
FEI Number	: 65-0377878	FEI Number Applied F	or () FEI Nui	mber Not App	licable ()	Certifica	te of Status Desired	()
Name and	Address of	Current Registered A	gent:	Name and Address of New Registered Agent:				
1201 HAYS SUITE 105	SSTREET	CE COMPANY 301 US						
	named entity e of Florida.	submits this statemen	t for the purpose o	of changing i	its registered o	ffice or re	egistered agent, c	or both,
SIGNATUI	RE:							
	Electro	onic Signature of Regist	tered Agent				Date	
Election Car	npaign Financi	ng Trust Fund Contributio	n ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	LICHTMAN, H 4000 HOLLYV) Delete ARVEY L VOOD BLVD., SUITE 540 N), FL 33021 US		Title: Name: Address: City-St-Zip:	()) Change() Addition	
Title: Name: Address: City-St-Zip:	DICKMANN, E 4000 HOLLYV) Delete DEAN J VOOD BLVD., SUITE 540 N D, FL 33021 US		Title: Name: Address: City-St-Zip:	()) Change() Addition	
Title: Name: Address: City-St-Zip:	BILL, IOANNO 4000 HOLLYV) Delete)U J VOOD BLVD., SUITE 540 N), FL 33021 US		Title: Name: Address: City-St-Zip:	()) Change() Addition	
Title: Name:	VP (PATTERSON,) Delete MICHAEL		Title: Name:	VP (X) MURPHY, KEVI) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BILL J. IOANNOU S 04/30/2009

4000 HOLLYWOOD BLVD., SUITE 540 N

HOLLYWOOD, FL 33021 US

Address:

City-St-Zip:

4000 HOLLYWOOD BLVD., SUITE 540 N

HOLLYWOOD, FL 33021 US