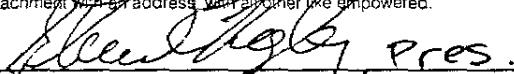


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000041536						
1. Entity Name AVVENTURA PROPERTIES, INC.						
Principal Place of Business 9995 GATE PARKWAY N SUITE 400 JACKSONVILLE, FL 32246	Mailing Address 9995 GATE PARKWAY N SUITE 400 JACKSONVILLE, FL 32246					
DO NOT WRITE IN THIS SPACE						
02152006 No Chg-P CR2E034 (11/05)						
<table border="1" style="width: 100%;"> <tr> <td>4. FEI Number 59-3447762</td> <td>Applied For Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>			4. FEI Number 59-3447762	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-3447762	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent KOEGLER, STEVEN C 9995 GATE PARKWAY N SUITE 400 JACKSONVILLE, FL 32246		DO NOT WRITE IN THIS SPACE				
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.						
<p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable</p> <p>NOTE: Registered Agent signature is required when reinstating)</p> <p>DATE _____</p>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY ST ZIP	PD KOEGLER, STEVEN C 9995 GATE PARKWAY N, STE 400 JACKSONVILLE, FL 32246					
TITLE NAME STREET ADDRESS CITY ST ZIP	STD SISSELMAN, STEVEN M 9995 GATE PARKWAY N, STE 400 JACKSONVILLE, FL 32246					
TITLE NAME STREET ADDRESS CITY ST ZIP						
TITLE NAME STREET ADDRESS CITY ST ZIP						
TITLE NAME STREET ADDRESS CITY ST ZIP						
TITLE NAME STREET ADDRESS CITY ST ZIP						
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 		317108 904-996-8800				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____				
		Daytime Phone # _____				