

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90189 031 ***150.00

DOCUMENT # P97000041536

1. Entity Name
AVENTURA 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**

60033744



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3447762

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, DENNIS A
9995 GATE PARKWAY NORTH, 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KAVALIEROS, NICK T
STREET ADDRESS 9995 GATE PARKWAY N. STE 400
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE STD
NAME SISSELMAN, STEVEN M
STREET ADDRESS 9995 GATE PARKWAY N, STE 400
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE
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IN THIS SPACE**

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: Steven Sisselman Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/08 904-996-8800