

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002169

**Entity Name:** ADVENIR@CASTLE PINES, LLC

**Current Principal Place of Business:**

17501 BISCAYNE BLVD.  
SUITE 300  
AVENTURA, FL 33160

**Current Mailing Address:**

17501 BISCAYNE BLVD.  
SUITE 300  
AVENTURA, FL 33160

**FEI Number:** 45-4904877

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TORRES, OSVALDO  
TORRES LAW, P.A.  
3325 SOUTH UNIVERSITY DRIVE, SUITE 200  
FT. LAUDERDALE, FL 33328 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ADVENIR@CASTLE PINES GP, INC.  
Address 17501 BISCAYNE BLVD., SUITE 300  
City-State-Zip: AVENTURA FL 33160

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIM HUNSAKER

**CONTROLLER**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date