

K96959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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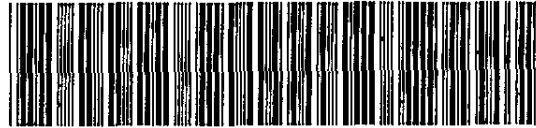
(Business Entity Name)

(Document Number)

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06/04/04--01050--003 \*\*35.00

CT  
RD Chg  
6/17/04

**TRANSMITTAL LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: the Little One Apartments, Inc  
(Name of corporation)

DOCUMENT NUMBER: K 96959

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANE S. Eisenberg  
(Name of person)

Edward Eisenberg

the Little One APARTMENTS, INC  
(Name of firm/company)

1900 Liberty AVENUE  
(Address)

MIAMI BEACH, FLORIDA 33139  
(City/state and zip code)

For further information concerning this matter, please call:

Diane S Eisenberg at (305) 534-1731  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: the Little One Apartments, Inc  
2. The principal office address: 1900 Liberty Avenue  
MIAMI BEACH, FLORIDA 33139  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: K 96959

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DIANE S. Eisenberg  
1379 N VENETIAN Way  
MIAMI BEACH, FLA 33139

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DIANE S Eisenberg  
1900 Liberty Avenue  
(P O Box or personal mailbox NOT acceptable)  
MIAMI BEACH, FLA 33139

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\* Diane S. Eisenberg  
(Signature of an officer or director)

DIANE S. Eisenberg  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

\* Diane S. Eisenberg  
(Signature of Registered Agent)

6/7/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91001 037 \*\*\*150.00

DOCUMENT # K96959

1. Entity Name

THE LITTLE ONE APARTMENTS, INC.



Principal Place of Business

1900 LIBERTY AVENUE  
MIAMI BEACH FL 33139  
US

Mailing Address

1900 LIBERTY AVE.  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0140066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISENBERG, DIANE  
1379 N VENETIAN WAY  
MIAMI BEACH FL 33139

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME EISENBERG, DIANE S ☐ Delete  
STREET ADDRESS 1379 N VENETIAN WAY  
CITY-ST-ZIP MIAMI FL 33139

TITLE VPS  
NAME EISENBERG, ED ☐ Delete  
STREET ADDRESS 1379 N VENETIAN WAY  
CITY-ST-ZIP MIAMI FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME DIANE S. Eisenberg ☒ Change ☐ Addition  
STREET ADDRESS 1900 Liberty Ave  
CITY-ST-ZIP MIAMI BEACH 33139 FL

TITLE NAME ED Eisenberg ☒ Change ☐ Addition  
STREET ADDRESS 1900 Liberty Ave  
CITY-ST-ZIP MIAMI BEACH, FLA 33139

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

DATE

385 534 1731

Daytime Phone #