

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004715

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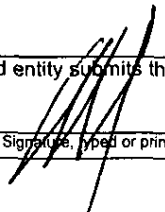
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name 100 Collins Realty LLC	
Principal Place of Business 300 South Point Drive, Ste. 3305 Miami Beach, Florida 33139	Mailing Address 300 South Point Drive, Ste. 3305 Miami Beach, Florida 33139
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65 1010241</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>Berman Wolfe Rennert Vogel &amp; Mandler, P.A.</b> 400 SE 2 <sup>nd</sup> Street, Suite 3500 Miami, Florida 33131		7. Name and address of New Registered Agent Name <b>Registered Agents of Florida, LLC</b> Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 <sup>nd</sup> Street, Suite 3500 4711004287804--7 -05/22/01--01093--025 *****50.00 *****50.00 City <b>Miami</b> FL Zip <b>33131</b>	
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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.  
SIGNATURE  **Howard J. Vogel, Vice President** 4-24-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/ MEMBERS		10. ADDITIONS/ CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>M</b> <b>Myles Chefetz</b> 300 South Point Drive, Suite 3305 Miami Beach, Florida 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this form 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE  **Myles Chefetz, Member** (305) 538-9996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #