2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000007396

1. Entity Name

WILLOW LAKES INVESTMENTS L.L.C.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90109 010 ****50.00

	•			COD WE THE					
Principal Plac	e of Business	Mailing Address	· ·						
2875 NE 191 ST PH3A Miami Beach Fl 33141		666 71 STREET MIAMI BEACH FL 33141				~ `	, , , ,	30	
2. Principal F	Pace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF			
City & State		City & State	City & State		4. FEI Numb	er 65-1025092			oplied For
Zip	Country	Zip	Country	<u></u> .	5. Certificate	of Status Desired	□ \$:	5.00 Add	ditional d
	6. Name and Address of Curre	ent Registered Agent			7. Name and	Address of New Reg	istered Ag	ent	
POLICIO MARIL E ECO				Name					
2875	SSO, MARK.E.ESQ ====================================		9	Street Address	(P.O. Box Numbe	er is Not Acceptable)			,
AVE	NTURA FL 33180					•	_		
			(City			FL	Zip Code	e
	named entity submits this statementions of registered agent.	t for the purpose of changing	its registered of	office or registe	ered agent, or bo	th, in the State of Floric	la. I am fan	nitiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (N	IOTE: Registered Ag	ent signature require	ad when reinstating)		DATE		
		FILE I	NOW!!! FEI	E IS \$50.00					
		Make Check Paya		,	I .				
		D	Due By May	1, 2003	i				,
9. MANAGING MEMBER		MBERS/MANAGERS	10.	10.		ADDITIONS/C	HANGES		
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME	LIPS, ALAN		NAME						
STREET ADDRESS	2875 NE 191 ST PH3A		STREET A						
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-	ZIP					
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CITY-ST-ZIP			CITY-ST-	ZIP		·			
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CITY-ST-ZIP			CITY-ST-						
· · ·		Delete							Addition
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11. 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 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TWEED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/02

305-868-3600

Daytime Phone #

CR2E083 (10/02)