# 2001 UNIFORM BUSINESS REPORT (UBR)

000044 AF

DOCUMENT # L00000011218

1. Entity Name

RESIDENCES AT OCEAN GRANDE, L.C.

FILED

01 APR 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O IRVING SHIMOFF. ESQ.<br>100 SE 2ND ST.. STE. 3920 NATIONSBANK TWR<br>MIAMI FL 33131 | C/O IRVING SHIMOFF. ESQ.<br>100 SE 2ND ST.. STE. 3920 NATIONSBANK TWR<br>MIAMI FL 33131 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 18101 Collins Avenue | 18101 Collins Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Sunny Isles Beach, FL | City & State: Sunny Isles Beach, FL |
| Zip: 33160 Country: USA | Zip: 33160 Country: USA |

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHIMOFF, IRVING ESQ.
100 SE 2ND ST., STE. 3920 NATIONSBANK TWR
MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name: Ronald R. Fieldstone

Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle

Suite 601

City: Coral Gables **FL** Zip Code: 33134

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 _____ RONALD R. FIELDSTONE 3/7/01
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 | MGR<br>SHIMOFF, IRVING<br>100 SE 2ND ST., STE. 3920<br>MIAMI FL 33131 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Dezer, Michael<br>89 Fifth Avenue, 11th Floor<br>New York, NY 10003 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Dezertzov, Neomi<br>89 Fifth Avenue, 11th Floor<br>New York, NY 10003 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 100004137581--6<br>-05/04/01--01112--020<br>*****50.00 *****50.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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.

**SIGNATURE:** _____ Neomi Dezertzov 3/26/01 212-929-1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00).