

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L00000013455**

**1. Entity Name**  
**HARBOUR PLACE HOLDINGS, L.L.C.**

**FILED**

**01 FEB 15 PM 3:19**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
 C/O CRESCENT HEIGHTS  
 555 NE 15TH ST SECOND FLOOR  
 MIAMI FL 33132

**Mailing Address**  
 C/O CRESCENT HEIGHTS  
 555 NE 15TH ST SECOND FLOOR  
 MIAMI FL 33132

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number**  
 59-3679881

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 CHRISTENBURY, SHARON  
 C/O CRESCENT HEIGHTS  
 555 NE 15TH ST SECOND FLOOR  
 MIAMI FL 33132

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

**SIGNATURE** \_\_\_\_\_ (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**

TITLE	Chairman <input type="checkbox"/> Delete
NAME	Sonny Kahn
STREET ADDRESS	555 N.E. 15th Street, Second Floor
CITY-ST-ZIP	Miami, Florida 33132
TITLE	President <input type="checkbox"/> Delete
NAME	Russell Galbut
STREET ADDRESS	555 NE 15th Street, Second Floor
CITY-ST-ZIP	Miami, Florida 33132
TITLE	Senior Vice President <input type="checkbox"/> Delete
NAME	Bruce Menin
STREET ADDRESS	555 N.E. 15th Street, Second Floor
CITY-ST-ZIP	Miami, Florida 33132
TITLE	Vice President <input type="checkbox"/> Delete
NAME	Sharon Christenbury
STREET ADDRESS	555 N.E. 15th Street, Second Floor
CITY-ST-ZIP	Miami, Florida 33132
TITLE	Treasurer <input type="checkbox"/> Delete
NAME	Joseph Zdon
STREET ADDRESS	555 N.E. 15th Street, Second Floor
CITY-ST-ZIP	Miami, Florida 33132
TITLE	Secretary <input type="checkbox"/> Delete
NAME	Shlomo Dachoh
STREET ADDRESS	555 N.E. 15th Street, Second Floor
CITY-ST-ZIP	Miami, Florida 33132

**10. ADDITIONS/CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Joseph Zdon* Treasurer **1-30-01** 305-374-570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0008829 AF

CR2E083 (11/00)