

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0014184

DOCUMENT # L01000003541



**FILED**  
03 MAY -2 PM 5:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**ACP GLADES LLC**

Principal Place of Business  
**701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

Mailing Address  
**701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

2. Principal Place of Business  
**444 Brickell Avenue**

3. Mailing Address  
**1111 Brickell Avenue**

Suite, Apt. #, etc.  
**Suite 900**

Suite, Apt. #, etc.  
**Suite 2500**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

4. FEI Number **65-1099711** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**Stuart K. Hoffman, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**1111 Brickell Avenue, Suite 2500**

City  
**Miami, FL**

Zip Code  
**33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00** **500017896635**  
**Make Check Payable to Florida Department of State** **02/03--01055--018 \*\*\$50.00**  
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>ACP GLADES MANAGER LLC<br/>701 BRICKELL AVE #3000<br/>MIAMI FL 33131</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS/CHANGES                          |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>ACP Glades Manager LLC<br/>444 Brickell Avenue, Suite 900<br/>Miami, Florida 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_  
By: **ACP Glades Manager LLC**  
By: **ACP Glades Manager Corp.**  
**Allen C. de Olazarra, President**

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

CR2E083 (10/02)