

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90341 003 \*\*\*\*50.00

**DOCUMENT # L01000005379**

1. Entity Name  
**OLD CUTLER, LLC**



Principal Place of Business

Mailing Address

**9655 SOUTH DIXIE HIGHWAY  
SUITE 200  
MIAMI FL 33156**

**9655 SOUTH DIXIE HIGHWAY  
SUITE 200  
MIAMI FL 33156**

00010690



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1090493**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

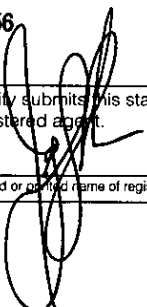
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARKIN, JEREMY S  
9655 SOUTH DIXIE HIGHWAY  
SUITE #200  
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/03  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LARKIN, JEREMY S	
STREET ADDRESS	9655 S DIXIE HIGHWAY #200	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHMIDT, EDWARD L	
STREET ADDRESS	9655 SOUTH DIXIE HIGHWAY #200	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RODSTEIN, H JOSH	
STREET ADDRESS	9655 SOUTH DIXIE HIGHWAY SUITE 200	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/03 305-538-4000  
Date Daytime Phone #

CR2E083 (10/02)