

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90275 012 \*\*\*\*50.00

**DOCUMENT # L01000006104**

1. Entity Name  
**MIRAMAR TOWN CENTER GROUP, L.C.**

Principal Place of Business  
**2828 CORAL WAY, PENTHOUSE 5  
 MIAMI FL 33143**

Mailing Address  
**2828 CORAL WAY, PENTHOUSE 5  
 MIAMI FL 33143**

907739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**The Hogan Group**  
 Suite, Apt. #, etc.  
**1000 S Pine Island Rd. Suite 400**  
 City & State  
**Plantation, Florida**

3. Mailing Address

**The Hogan Group**  
 Suite, Apt. #, etc.  
**101 E. Kennedy Blvd. Suite 4000**  
 City & State  
**Tampa Florida**

4. FEI Number

**03-0395819**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

Zip **33324**

Country **US**

Zip **33602**

Country **US**

6. Name and Address of Current Registered Agent

**HERNANDEZ, ANGEL  
 2828 CORAL WAY, PENTHOUSE 5  
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **Raymond E. Mills**  
 Street Address (P.O. Box Number is Not Acceptable)  
**101 E. Kennedy Blvd. Suite 4000**  
 City **Tampa** FL Zip Code **33602**

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 **Raymond E. Mills**

DATE **5/1/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>MEMR.</b>			<input type="checkbox"/>
	<b>The Hogan Group</b>	<b>101 E. Kennedy Blvd. Suite 4000</b>	<b>Tampa FL 33602</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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: **ANGEL HERNANDEZ**  
 VICE - PRESIDENT

DATE **4/1/02**

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

Date

Daytime Phone #

CR2E083 (9/01)