

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012098

1. Entity Name

D P PROPERTY HOLDING, LLC



FILED
03 APR 30 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business %Lionstone Group, Inc. Suite, Apt. #, etc. 2901 Collins Ave - Suite M City & State Miami Beach, FL Zip 33140 Country USA		3. Mailing Address %Lionstone Group, Inc. Suite, Apt. #, etc. 2901 Collins Ave - Suite M City & State Miami Beach, FL Zip 33140 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0604988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lionstone Group, Inc.
Street Address (P.O. Box Number is Not Acceptable) --- 2901 Collins Ave
Suite M
City Miami Beach, FL Zip Code 33140

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.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1
700017558947
04/30/03--01050--006 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMEM Dupont Property Holding Inc 2901 Collins Ave Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/30/03 01050 006 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMEM UC North Development LLC 701 Brickell Ave - Suite 3150 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Bruce E. Lazar* **BRUCE E. LAZAR, AUTH. REP.** 4/22/03 305 532 1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: Daytime Phone #

CR2E083B (1/202)