

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90070 038 \*\*\*\*55.00

DOCUMENT # L01000016282

1. Entity Name

100 NORTHEAST 15 STREET LLC



**DO NOT WRITE IN THIS SPACE**

10105255

2. Principal Place of Business

100 NE 15 Street

3. Mailing Address

100 NE 15 Street

Suite, Apt. #, etc.

Suite # 212

Suite, Apt. #, etc.

Suite # 212

City & State

HOMESTEAD, FL

City & State

HOMESTEAD, FL

4. FEI Number

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33030

Country

USA

Zip

33030

Country

USA

5. Certificate of Status Desired



\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ADAM BASS

Street Address (P.O. Box Number is Not Acceptable)

100 NE 15 Street

Suite # 201

City

HOMESTEAD,

FL

Zip Code

33030

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME  
A. BASS  
MANAGER  
STREET ADDRESS  
100 NE 15 STREET, SUITE # 201  
CITY - ST - ZIP  
HOMESTEAD, FLORIDA 33030

TITLE NAME  
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IN THIS SPACE**

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:

AB

MANAGER

4/15/03

(305) 495-6319

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

Date

Daytime Phone #

CR2E083B (12/02)