2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # LQ1000016959 04-22-2002 90231 048 ****55.00 1. Entity Name MIAMI APARTMENTS, L.L.C. Principal Place of Business Mailing Address 86328 10833 S.W. 142ND CT. 10833 S.W. 142ND CT. MIAMI FL 33188 MIAMI FL 33186 2. Principal Place of Businese 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Numbe Applied For 783 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, NILO A Street Address (P.O. Box Number is Not Acceptable) 10833 S.W. 142ND CT. **MIAMI FL 33188** City FI 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR JMB Consulting, Inc | Change X Delete TITLE NAME MESA, JORGE NAME STREET ADDRESS 4321 SW 95 d 4321 SW 95TH CT. STREET ADDRESS CR2E083 CITY-ST-ZIP **MIAMI FL 33165** Missin .K1. 33165 CITY-ST-7/P TITLE MGR Oelete TITLE NAME Change HERNANDEZ, NILO A NAME N)IMAR STREET ADDRESS 10833 S.W. 142ND CT. STREET ADDRESS CITY-ST-ZIE MIAMI FL 33186 CITY-ST-71P TITLE MGR Delete TITLE CHEDIAK, JUAN CARLOS ☐ Change NAME & Investment, Erc. NAME JC-LAND_ STREET AODRESS 12830 S.W. 58TH LANE STREET ADDRESS 2830 Sw 58 Lane Main, R(, 33183 CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP TITLE å ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS ł STREET ADDRESS CITY-ST-ZIP P CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 ceth; 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.

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME AGER, OF AUTHORIZED REPRESENTATIVE Daytime Phone

FILED

Change

☐ Addition