


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91159 006 ****50.00

DOCUMENT # L02000001103
1. Entity Name
THE ENCLAVE RPB, LLC



DO NOT WRITE IN THIS SPACE

30068295

2. Principal Place of Business 3225 Aviation Avenue Suite, Apt. #, etc. Suite 700 City & State Coconut Grove, FL Zip 33133		3. Mailing Address 3225 Aviation Avenue Suite, Apt. #, etc. Suite 700 City & State Coconut Grove, FL Zip 33133	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3590865		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		7. Name and Address of Current Registered Agent	
Name Randy Rieger			
Street Address (P.O. Box Number is Not Acceptable) 3225 Aviation Avenue, Suite 700			
City Coconut Grove, FL		Zip Code 33133	

**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 STREET ADDRESS CITY-ST-ZIP	MGR Stewart Marcus 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Randy Rieger 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR W. Peter Temling 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wayne O. Norris 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(l), 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:

W. Peter Temling W. PETER TEMPLING

4/30/03

(305) 860-8188

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

Date

Daytime Phone #

CR2E089B (12/02)