

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90077 048 \*\*\*\*50.00

0016862

**DOCUMENT # L02000007503**

1. Entity Name  
**2060 DEVELOPMENT, LLC**



Principal Place of Business      Mailing Address

**1900 SUNSET HARBOUR DRIVE  
SUITE 1  
MIAMI BEACH FL 33139**      **1900 SUNSET HARBOUR DRIVE  
SUITE 1  
MIAMI BEACH FL 33139**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **04-3630145**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WOOD, RICHARD A ESQ.  
100 S.E. 2ND STREET  
17TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      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. 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. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS                            |   |
|---|---|
| TITLE<br><b>MANAGER</b> <input type="checkbox"/> Delete | NAME<br><b>JOHN A TURATTI</b>               |
| STREET ADDRESS<br><b>1900 SUNSET HARBOUR DR # 1</b>     | CITY-ST-ZIP<br><b>MIAMI BEACH, FL 33139</b> |
| TITLE<br><b>MANAGER</b> <input type="checkbox"/> Delete | NAME<br><b>RONY SEIKALY</b>                 |
| STREET ADDRESS<br><b>27 EAST DILIDO DR</b>              | CITY-ST-ZIP<br><b>MIAMI BEACH, FL 33139</b> |
| TITLE<br>NAME   | STREET ADDRESS<br>CITY-ST-ZIP               |
| TITLE<br>NAME   | STREET ADDRESS<br>CITY-ST-ZIP               |
| TITLE<br>NAME   | STREET ADDRESS<br>CITY-ST-ZIP               |
| TITLE<br>NAME   | STREET ADDRESS<br>CITY-ST-ZIP               |

| 10. ADDITIONS/CHANGES  |   |
|--|---|
| TITLE<br><b>MANAGER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME<br><b>JOHN A. TURATTI</b>              |
| STREET ADDRESS<br><b>1900 SUNSET HARBOUR DR # 1</b>  | CITY-ST-ZIP<br><b>MIAMI BEACH, FL 33139</b> |
| TITLE<br><b>MANAGER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME<br><b>RONY SEIKALY</b>                 |
| STREET ADDRESS<br><b>27 EAST DILIDO DR</b>   | CITY-ST-ZIP<br><b>MIAMI BEACH, FL 33139</b> |
| TITLE<br>NAME  | STREET ADDRESS<br>CITY-ST-ZIP               |
| TITLE<br>NAME  | STREET ADDRESS<br>CITY-ST-ZIP               |
| TITLE<br>NAME  | STREET ADDRESS<br>CITY-ST-ZIP               |
| TITLE<br>NAME  | STREET ADDRESS<br>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)(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:**  **SIGNATURE REQUIRED** **JOHN A. TURATTI (MANAGER)** **4/11/03** **(305) 672-0702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)