


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

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

05-05-2003 91159 015 \*\*\*\*50.00

DOCUMENT # L02000032844  
1. Entity Name  
RS MIRAMAR RESIDENTIAL VENTURES II, LLC



**DO NOT WRITE IN THIS SPACE**

**30068286**

2. Principal Place of Business  
3225 Aviation Avenue  
Suite, Apt. #, etc.  
Suite 700  
City & State  
Coconut Grove, FL

3. Mailing Address  
3225 Aviation Avenue  
Suite, Apt. #, etc.  
Suite 700  
City & State  
Coconut Grove, FL

DO NOT WRITE IN THIS SPACE

Zip 33133 Country USA

4. FEI Number 05-0536414 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Stewart Marcus  
Street Address (P.O. Box Number is Not Acceptable)  
3225 Aviation Avenue, 7th Floor  
City Coconut Grove, FL FL Zip Code 33133

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**

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	<b>DO NOT WRITE IN THIS SPACE</b>
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	

CR2E083B (12/02)

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: W. Peter Temling W. PETER TEMLING 4/30/03 (305) 860-8188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #