

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

DOCUMENT # L02000034203

1. Entity Name

TOWERS OF DADELAND I, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9155 S. Dadeland Blvd.

3. Mailing Address

9155 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 1812

Suite, Apt. #, etc.

Suite 1812

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33156

Country

U.S.A.

Zip

33156

Country

U.S.A.

4. FEI Number

43-1991800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Elizabeth A. Green, Esquire

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

9155 S. Dadeland Blvd.

Suite 1812

City

Miami

FL

Zip Code

33156

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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.

4-24-03

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  
Director  
Herschel V. Green  
9155 S. Dadeland Blvd., Suite 1812  
Miami, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100017801461  
05/01/03--01018--008 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
George R. Brown, Jr.  
9155 S. Dadeland Blvd., Suite 1812  
Miami, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Elizabeth A. Green  
9155 S. Dadeland Blvd., Suite 1812  
Miami, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/24/03 (305) 670-1000

Date

Daytime Phone #

CR2E083B (12/02)