

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 JAN 26 AM 10:20

FILING FEE \$203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000563**

NORTH MIAMI BEACH COMMERCE CENTER L.C.
15499 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33162

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

15499 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33162

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/25/1995	FL
City & State		City & State		4. FEI Number	☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				3/5/97	\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
KURZMAN, JOHN 801 NE 167 STREET NORTH MIAMI BEACH FL 33162		Name John Kurzman	
		Street Address (P.O. Box Number is Not Acceptable) 15499 West Dixie Highway	
		Suite, Apt. #, etc.	
		City North Miami Beach	Zip Code FL 33162

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HOCKHAUSER, PAUL	1 BAY BLVD	LAWRENCE NY
MGR	KURZMAN, JOHN	16496 NE 31 AVE	NORTH MIAMI BEACH FL
MGR	KURZMAN, RHODA	16496 NE 31 AVE	NORTH MIAMI BEACH FL
MGR	LENARD, HOWARD	15499 W. Dixie Hwy.	NORTH MIAMI BEACH FL

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****212.50 ****212.50

100.00 88.75 8.75 (covered 1500) dec

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Rhoda Kurzman, Managing Member 1/22/98 305-943-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Duration: _____