

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JAN 25 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001739

1. Entity Name
203 PLACE ASSOCIATES, L.L.C.

Principal Place of Business C/O SCHUR MANAGEMENT CO., LTD. 2432 GRAND CONCOURSE BRONX NY 10458	Mailing Address C/O SCHUR MANAGEMENT CO., LTD. 2432 GRAND CONCOURSE BRONX NY 10458-5204
---	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-4025951** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUR, ROBERT
501 BRICKELL KEY DRIVE, SUITE 300
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Robert Schur**

Street Address (P.O. Box Number is Not Acceptable) **5250 N Kendall Drive**

City **Coral Gables** FL Zip Code **33446**

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME MGR SCHUR, LAWRENCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2432 GRAND CONCOURSE	
CITY-ST-ZIP BRONX NY 10458	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME MGR WILLIAM Schur	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2432 Grand Concourse	
CITY-ST-ZIP BRONX, NY 10458	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

500003112285--1
-01/27/00-01016
*****50.00 *****50.00

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] SIGNATURE REQUIRED 1/10/00 (787) 733-6320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #