2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90005 035 ****50.00

DOCUMENT # L99000000037

1. Entity Name
A & R SOBE, LLC

Principal Place of Business	Mailing Address
~~1 CASUARINA CONCOURSE~~ ~~CORAL GABLES FL 33143~~	~~1 CASUARINA CONCOURSE~~ ~~CORAL GABLES FL 33143~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2333 PONCE DE LEON BLVD	2333 PONCE DE LEON BLVD
Suite, Apt. #, etc.: 600	Suite, Apt. #, etc.: 600
City & State: CORAL GABLES FL	City & State: CORAL GABLES FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number 65-0883467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATHMAN, WAYNE M
HABER, LEWIS & PATHMAN, LLP
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: MICHELLE AUSTIN
Street Address (P.O. Box Number is Not Acceptable): 2333 PONCE DE LEON BLVD.
SUITE # 600
City: CORAL GABLES FL Zip Code: 33134

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: Michelle Austin MICHELLE AUSTIN 3-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR POTAMKIN, ALAN H 1 CASUARINA CONCOURSE CORAL GABLES FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR POTAMKIN, ROBERT M 1 CASUARINA CONCOURSE MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FARR, VERONICA 2333 PONCE DE LEON BLVD #600 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE REQUIRED 3-25-03 305-774-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #