## 2001 UNIFORM BUSINESS REPORT (UBR)

	ONII OIIM DOC	TITEOU IIEI U		<i>-</i>	-					
DOCUMENT # L9900003479  1. Entity Name  MPI/MIAMI EDGEWATER, L.L.C.						FILED				
The state of the s					OLFEB 15 PM 4: 52					
Principal Place of Business Mailing Address										
150 EAST PA BOCA RATOR	ALMETTO PARK ROAD. SUITE 400 N FL 33432	150 EAST PALMETTO PARK ROAD. SUITE 400 BOCA RATON FL 33432			SECRETARY OF STATE TALLAHASSEE. FLORIDA					
1					1	<b></b>		ANDA 1860 INI 1861		
2. Principal P	Place of Business		<u> </u>							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State			4. FEI Number Applied For Applied For					
		Zip	Zip Country		<u> </u>	65-0928249	\$5.00	Not Applicable Additional		
						icate of Status Desired	Fee Req			
	6. Name and Address of Current	Registered Agent		lame	7. Name	and Address of New Re	distered Agent			
AUERBAG	ALIEDRACHED STEVEN N ESO					et Address (P.O. Box Number is Not Acceptable)				
150 EAS	150 EAS PALMETTO PARK ROAD, SUITE 410					umber is Not Acceptable)		<del> </del>		
BOCA R	ON FL 33432		-	Na.						
	K .			City 	FL Zip Code					
8. The above	amed entity submits this statement f	or the purpose of changing its	registered o	office or register	ed agent,	or both, in the State of Flori	da.			
SIGNATURE	<b>-</b>	· · · · · · · - ·	- <del></del> , .							
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	: Registered Age	ent signature required	when reinstati		DATE			
		FILE NO	OW!!! FEE	E IS \$50.00		900003	70861	97		
		Make Check Pa	yable to D	epartment o	f State		/0101007 50.00 ***	**50.00 ∪13		
9.	MANAGING MEME	RERS/MEMBERS	10.			ADDITIONS/C				
TITLE	MGR	☐ Delete	TITLE		_	, , , , , , , , , , , , , , , , , , ,	☐ Chan	ge		
NAME	MILESTONE PROPERTY MANAC		NAME							
STREET ADDRESS CITY-ST-ZIP	150 EAST PALMETTO PARK RC BOCA RATON FL 33432	AD, SUITE 400	STREET AD	,		•				
TITLE	SS	Delete	TITLE		sider	<u>'</u>	☐ Chan	ge 🛣 Addition		
NAME	<del> </del>		NAME	Rok	ert n	handor		. ,-		
STREET ADDRESS			STREET AD	DORESS 150	E. Pali	metto Park Ro		00		
CITY-ST-ZIP	<u> </u>		CITY-ST-	1000			132 □ Chang	ge 🔀 Addition		
NAME		☐ Delete	TITLE NAME	Tos	eah c	sident Otto	☐ Chang	·		
STREET ADDRESS	<u> </u>		STREET AD	DDRESS 150	E. Pa	imeto fark		e 400		
CITY-ST-ZIP			CITY-ST-	<u></u>	a Rat	on, FL 334				
TITLE NAME		☐ Delete	TITLE NAME	700	retar eph C	The	☐ Chan	• •		
STREET ADDRESS			STREET AD	ODRESS   50	E Pa	Imet b Park	Rd.,Suite	<u> 400</u>		
CITY-ST-ZIP			CITY-ST-2	ZIP Boc	aRat	on , FL 334	3 <b>2</b>			
TITLE	renta <del>verte</del> un est de la companya	Delete *	-TITLE	7 2 7 7 7		sident	Chang	ge 🔀 Addition		
NAME 52 STREET ADDRESS			NAME STREET AD	DORESS Hat	Cick	Mirse PK.Rd.	Suite 40	O		
CITY-ST-ZIP			CITY-ST-2	ZIP 150	aR	cton, FL 33	432			
TITLE		☐ Delete	TITLE				☐ Chang	ge Addition		
NAME - STREET ADDRESS			NAME STREET AN	nnpree		16/				
CITY-ST-ZIP			STREET AD	)	· 1	<b>-</b> 7/Y				
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receive truste	I that my signature shall have t	the exempti	ion stated in Se	iade under	oath: that I am a managin	urther certify that the g member or mana	ne information ager of the		
				_						
SIGNAT	TURE:	TURE HEQUE	BED)	Kober-	+ Ma	ndor allalo	l •	<u>, , , , , , , , , , , , , , , , , , , </u>		
	SIGNATURE AND TYPED OR PRINTED NAME O	OF SIGNING MANAGING MEMBER, MAN	AGER, OR AUTI	HORIZED REPRESE		Date	Daytime Phone	e #		