

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -14 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99/3589
1. Entity Name
11010 LAND COMPANY, LLC.

Principal Place of Business <u>201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES FL 33134</u>	Mailing Address <u>201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES FL 33134-5108</u>
--	---

2. Principal Place of Business <u>48 EAST FLAGLER</u> Suite, Apt. #, etc. <u>379</u>	3. Mailing Address <u>48 EAST FLAGLER</u> Suite, Apt. #, etc. <u>379</u>
--	--

DO NOT WRITE IN THIS SPACE

City & State <u>MIAMI FL.</u>	City & State <u>MIAMI, FL.</u>	4. FEI Number <u>65-0928039</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <u>33131</u>	Country <u>US</u>	Zip <u>33131</u>	Country <u>US</u>

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

6. Name and Address of Current Registered Agent
SKRLD, INC.
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name SALOMON GOLD
Street Address (P.O. Box Number is Not Acceptable)
48 EAST FLAGLER #379
City MIAMI FL Zip Code 33131

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 [Signature] (NOTE: Registered Agent signature required when reinstating)
DATE 4/28/00

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR GOLD, SALOMON 8870 S.W. 40TH STREET ATE 8 MIAMI FL</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700003275557-4</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>-06/02/00--01094--025</u> <u>*****50.00 *****50.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PAID
APR 30 2000
ed #0004

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] 4/28/00 305-374-551