

2001 UNIFORM BUSINESS REPORT (UBR)

0009705 AF

DOCUMENT # **L99000004130**

FILED

1. Entity Name
OAKS SOUTH INVESTORS, L.L.C.

01 MAY 23 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1320 S DIXIE HWY SUITE 781 CORAL GABLES FL 33146
Mailing Address: 1320 S DIXIE HWY SUITE 781 CORAL GABLES FL 33146



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

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-1103033**
APPLIED FOR

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, GARY L ESQ
BEDZOW KORN BROWN MILLER & ZEMEL PA
20803 BISCAYNE BLVD SUITE 200
AVENTURA FL 33180

Name: **GARY BROWN**
Street Address (P.O. Box Number is Not Acceptable): **4000 HOLLYWOOD BLVD #265-SOUTH**
City: **HOLLYWOOD FL** Zip Code: **33021**

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]*
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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENWALD, ALLEN R 1320 S DIXIE HWY SUITE 781 CORAL GABLES FL 33146	<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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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06/18/01-01020-015
*****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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **4/15/01** Daytime Phone #: **305 6674256**

CFR2E083 (11/00)