

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M99000000683**

1. Entity Name

**BD-MORR HOTEL LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business

300 SOUTH POINTE DRIVE, SUITE 705  
MIAMI BEACH FL 33139

Mailing Address

300 SOUTH POINTE DRIVE, SUITE 705  
MIAMI BEACH FL 33139

*Handwritten signature*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3650085

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
MGRM JONATHAN MORR GROUP LLC  
STREET ADDRESS 300 SOUTH POINTE DRIVE, SUITE 705  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE NAME  Change  Addition  
800003417928-5  
-10/06/00-01143-017  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME  Delete  
MGRM BD MIAMI BEACH LLC  
STREET ADDRESS HOTEL ELYSEE 60 EAST 54TH ST.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE NAME  Change  Addition  
150 20TH STREET  
Miami Beach FL 33139

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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:

*Handwritten signature*  
**SIGNATURE REQUIRED**

9.15.00

305-498-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CP2E083 (5/00)