

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # M99000000683**

1. Entity Name  
**BD-MORR HOTEL LLC**

FILED

01 JUN -4 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>900 SOUTH POINTE DRIVE, SUITE 705 MIAMI BEACH FL 33139</b>	Mailing Address <b>300 SOUTH POINTE DRIVE, SUITE 705 MIAMI BEACH FL 33139</b>
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2. Principal Place of Business <b>150 20th Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>150 20th Street</b> Suite, Apt. #, etc.
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City & State <b>Miami Beach, FL</b>	City & State <b>Miami Beach, FL</b>
Zip <b>33139</b>	Zip <b>33139</b>
Country <b>Dade</b>	Country <b>Dade</b>

4. FEI Number <b>22-3650085</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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)

**400004422564 3**  
**-06/15/01--01064--018**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

**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	<b>MGRM JONATHAN MORR GROUP LLC 300 SOUTH POINTE DRIVE, SUITE 705 MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BD MIAMI BEACH LLC 150 20TH STREET MIAMI BEACH, FL 33139</b>	<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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_  
**SIGNATURE REQUIRED**

CFR2E083 (11/00)