

2001 UNIFORM BUSINESS REPORT (UBR)

0008346 AF

DOCUMENT # L99000005006

1. Entity Name

TORO MANAGEMENT COMPANY, L.L.C.

FILED

01 FEB -1 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

777 N.W. 72ND AVENUE
MIAMI FL 33126

Mailing Address

777 N.W. 72ND AVENUE
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0863889

Applied For

Not Applicable

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

ZACZAC, GEORGI JR.
777 N.W. 72ND AVENUE
MIAMI FL 33126

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
ZACZAC, GEORGI JR. ☐ Delete
STREET ADDRESS 777 N.W. 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33126

TITLE NAME ☐ Change ☐ Addition
600003662696--2
-02/09/01--01007--013
*****50.00 *****50.00

TITLE NAME MGR
ARONSON, GARY ☐ Delete
STREET ADDRESS 8241 PALMGATE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ~~MGR~~
MANGUM, CHRISTOPHER ☒ Delete
STREET ADDRESS ~~1201 W. PEACHTREE STREET~~
CITY-ST-ZIP ~~ATLANTA GA 30309~~

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/01

Date

(305) 2612900 x 112

Daytime Phone #

CR2E083 (11/00)