

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005225

1. Entity Name

ACACIA INVESTORS, L.L.C.

Principal Place of Business

Mailing Address

1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139

1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139

2. Principal Place of Business

3550 BISCAYNE BVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip 33137

Country

Zip

Country

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F  
4000 HOLLYWOOD BOULEVARD, SUITE 485 SOUTH  
HOLLYWOOD FL 33021

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)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM MAENZA, JOSEPH  
STREET ADDRESS 1688 MERIDIAN AVENUE, SUITE 801  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE NAME MGRM FRIEND, DAVID  
STREET ADDRESS 605 W. MADISON STREET, #4310  
CITY-ST-ZIP CHICAGO IL 60661

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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 REQUIRED

7-10-01

305-573-4634

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

Date

Daytime Phone #

FILED

01 JUL 16 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE