

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90274 028 ****50.00

DOCUMENT # L01000021603

1. Entity Name

SOUTH BEACH MANOR, L.C.

Principal Place of Business

Mailing Address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 S.E. 2nd Street

3. Mailing Address
100 S.E. 2nd Street

Suite Apt. #, etc.
Suite 3920

Suite Apt. #, etc.
Suite 3920

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

Applied For
 Not Applicable

Zip
33131 Country **U.S.**

Zip
33131 Country **U.S.**

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

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING
100 S.E. 2ND STREET, SUITE 3920
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **CHRISTINA COLLINS**
 Street Address (P.O. Box Number is Not Applicable)
100 S.E. 2nd Street
Suite 3920
 City **MIAMI** FL Zip Code **33131**

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

CHRISTINA COLLINS, *Christina Collins*

4-29-02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM	IRVING SHIMOFF	100 S.E. 2ND STREET, SUITE 3920	<input type="checkbox"/>
		MIAMI FL 33131		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	CHRISTINA COLLINS	100 S.E. 2nd Street	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 authorized to execute this report as required by Chapter 608, Florida Statutes.

Christina Collins, **CHRISTINA COLLINS** **4-29-02** **305-374-5343**
 AUTHORIZED REPRESENTATIVE Daytime Phone #