

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/29/2003-90058-039-\$50.00-\$50.00

DOCUMENT # L00000001090

1. Entity Name

136TH STREET, LLC



FILED  
03 FEB 25 PM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3342 N.E. 171ST STREET  
NORTH MIAMI BEACH FL 33160

Mailing Address  
3342 N.E. 171ST STREET  
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2310579

Applied For  
Not Applicable

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KTG&C REGISTERED AGENT CORPORATION  
100 S.E. 2ND STREET, 20TH FLOOR  
MIAMI FL 33131

Name CFRA LLC  
Street Address (P.O. Box Number is Not Acceptable)  
ONE Harbour PL, Suite 500  
777 SHARBOUR Island Blvd  
City TAMPA FL Zip Code 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Peter J. Winders

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

Vice President 2-20-03

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MBR  
STREET ADDRESS RUBIN, FREDERICK  
CITY-ST-ZIP 3342 NE 171 ST  
NORTH MIAMI BEACH FL 33160

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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: X

[Signature]  
SIGNATURE REQUIRED

1-17-03

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

Date

Daytime Phone #

CR2E083 (10/02)