

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90077 048 *****50.00

DOCUMENT # L02000007503

1. Entity Name

2060 DEVELOPMENT, LLC



Principal Place of Business

1900 SUNSET HARBOUR DRIVE
SUITE 1
MIAMI BEACH FL 33139

Mailing Address

1900 SUNSET HARBOUR DRIVE
SUITE 1
MIAMI BEACH FL 33139

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

04-3630145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WOOD, RICHARD A ESQ.
100 S.E. 2ND STREET
17TH FLOOR
MIAMI FL 33131

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. 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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete
NAME **JOHN A. TURATTI**
STREET ADDRESS **1900 SUNSET HARBOUR DRIVE #1**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **MANAGER** ☐ Delete
NAME **RONY SEIKALY**
STREET ADDRESS **27 EAST DI LIDO DRIVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **JOHN A. TURATTI**
STREET ADDRESS **1900 SUNSET HARBOUR DRIVE #1**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **RONY SEIKALY**
STREET ADDRESS **27 EAST DI LIDO DRIVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN A. TURATTI (MANAGER) 4/11/03 (305) 672-0702

Date

Daytime Phone #

CR2E083 (10/02)

0016862