LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 3:00 PM
Secretary of State
FILED
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03 APR 29 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003574

1. Entity Name
BDPB DADELAND, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 SOUTH BISCAYNE BLVD.	200 SOUTH BISCAYNE BLVD.
Suite, Apt. #, etc. SIXTH FLOOR	Suite, Apt. #, etc. SIXTH FLOOR
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country U.S.A.	Zip 33131 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1004304 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ~~WEIDER, NORMAN S~~ Alhambra Registered Agents Attn: Martin Genauer V.P.

Street Address (P.O. Box Number is Not Acceptable)
Karp & Genauer, PA
~~100 S.E. 2ND STREET, SUITE 3950~~ 2 Alhambra Plaza Suite 1202

City ~~MIAMI~~, Coral Gables FL Zip Code ~~33131~~ 33134

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 Martin Genauer 4/22/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - BRANT, BARRY M 200 SOUTH BISCAYNE BLVD. SIXTH FLOOR MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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: Barry Brant 3/4/03 (305) 379-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #