

FILED
Jun 13, 2003 8:00 am
Secretary of State

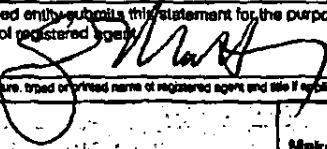
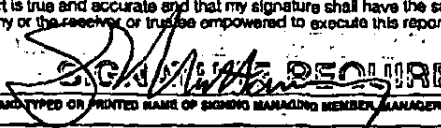
04-11-2003 90019 017 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L02000000480					
1. Entity Name RICHARD-BRANDON RESERVE, LLC					
Principal Place of Business 1501 SUNSET DR., 2ND FLOOR CORAL GABLES FL 33143			Mailing Address 1501 SUNSET DR., 2ND FLOOR CORAL GABLES FL 33143		
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 80-0010215	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTAWAY, L. RICHARD 1501 SUNSET DR., 2ND FLOOR CORAL GABLES FL 33143			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  4/9/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relinquishing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MANAGING MEMBERS		☐ Delete		
NAME	THE RICHARD-BRANDON CO.				
STREET ADDRESS	1501 SUNSET DRIVE, 2ND FL				
CITY-STATE-ZIP	CORAL GABLES, FL 33143				
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
10. ADDITIONS/CHANGES					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-STATE-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:  4/9/03 305/662-1421 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE'S					

CFR2083 (11/02)