2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 16, 2002 8:00 am Secretary of State

DOCUMENT # L0000001042 05-22-2002 90255 039 ****55.00 1. Entity Name LAS OLAS YACHT CLUB, LLC Principal Place of Business Mailing Address 2828 CORAL WAY, PENTHOUSE ONE 38918 2828 CORAL WAY, PENTHOUSE ONE C/O THE RELATED GROUP OF FLORIDA C/O THE RELATED GROUP OF FLORIDA MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For-APPLIED FOR 0721254 Not Applicable Zip Country Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGER, JAMES L ESQ. Street Address (P.O. Box Number is Not Acceptable) 350 LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE FL 33301 City 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. 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 Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR □ Delete TITLE ☐ Change ☐ Addition NAME PEREZ, JORGE NAME STREET ADDRESS 2828 CORAL WAY, PENTHOUSE ONE STREET ADDRESS CR2E083 CITY-ST-ZIP <u>Miami FL 33145</u> CITY-ST-ZIP TITLE MGR ☐ Delete TIME ☐ Change ☐ Addition NAME **ROCHA. ROBERTO** NAME STREET ADDRESS 2828 CORAL WAY, PENTHOUSE ONE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 C/TY-ST-27P TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME RABINA, MAIDAD NAME STREET ADDRESS 2828 CORAL WAY, PENTHOUSE ONE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAML FL 33145 TITLE MGR ☐ Delete TIT! F ☐ Change ☐ Addition NAME PAARINES, HOWARD NALIF STREET ADDRESS 455 CENTRAL PARK AVE. STREET ADDRESS CITY-57-218 SCARSDALE NY 10583 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turther 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.

ANGEL HERNANDEZ SIGNATURE AND TYPED OR PRINTED HAMB-OF SIGNING MANAGING ME

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE