

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 52-2310579
Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent
~~KTG&C REGISTERED AGENT CORPORATION~~
~~100 S.E. 2ND STREET, 20TH FLOOR~~
~~MIAMI FL 33131~~
CFRA, LLC
One Harbour PL, Suite 500
777 S Harbour Island Blvd

7. Name and Address of New Registered Agent
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.
TAMPA, FL 33602
Signature: Peter J. Winders Vice President 2-20-03

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

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MBR RUBIN, FREDERICK 3342 NE 171 ST NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 x 1-17-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)