

# 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  
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		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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)