

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90963 006 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L000000001994

1. Entity Name

7501 Biscayne Blvd LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7501 Biscayne Blvd

Suite, Apt. #, etc.

3. Mailing Address

4801 South University Dr

Suite, Apt. #, etc.

Suite 227

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Davie, FL

4. FEI Number

65-0990164

Applied For

Not Applicable

Zip  
33138

Country

Zip  
33328

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Mark Brown

Street Address (P.O. Box Number is Not Acceptable)  
4801 South University Dr

Suite 227

City  
Davie, FL Zip Code  
33328

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEO/D  
Mark Brown  
2752 SW 132nd Way  
Davie, FL 33330

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES/D  
Kevin McKenna  
1061 E. Wilshire Circle  
Pembroke Pines, FL 33027

TITLE  
NAME  
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mark Brown

Date

(954) 252-5551

Daytime Phone #

CR2E083B (12/01)