

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

04-02-2002 90958 014 \*\*\*\*50.00

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

**DOCUMENT #** L00000002007

1. Entity Name

601 71st Street LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
601 71st Street

Suite, Apt. #, etc.

3. Mailing Address  
4801 South University Dr

Suite, Apt. #, etc.  
Suite 227

DO NOT WRITE IN THIS SPACE

City & State  
Miami Beach, FL

City & State  
Davie, FL

4. FEI Number  
65-0990203

Applied For  
Not Applicable

Zip  
33141

Country

Zip  
33328

Country

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

**DO NOT WRITE IN THIS SPACE**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE IN THIS SPACE**

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

3/6/02

(954) 252-5551

Daytime Phone #

CR2E083B (12/01)