## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002559  1. Entity Name 101 EL VEDADO,: L.L.C.					FILED	
•	DADO, E.L.O.		Salar Salar Salar		01 JUN 12 AM 7: 44	
Principal Place of Business Mailing Address % HECH & CO NEIL H. MILLMAN % HECH & CO NEIL H. MII 111 W. 40TH ST 20TH FLOOR 111 W. 40TH ST 20TH FLO NEW YORK NY 10018 NEW YORK NY 10018					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal P	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	-
City & State		City & State			4. FEI Number 65 - 0994600   Applied For   Not Applicable	le
Zip Country		Zip			5. Certificate of Status Desired X \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	].
ADLER, LEONARD						
2255 GLADES RD, STE 419A				Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431						
				City	FL Zip Code	7
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 a	nd title if applicable. (NOTE	: Registered	Agent signature require	d when reinstating) DATE	
MakerCheck Payable to Department of State.						
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHANGES	┤`
TITLE	MANAGING MEMBER	☐ Delete	TITLE		☐ Change ☐ Additio	n
NAME STREET ADDRESS	KARAKUL, KENN		NAME	T ADDRESS	,	
CITY-ST-ZIP	754 SO COUNTY ROPALM BEACH, FL 3	DAD RABO	CITY-S	1		-
TITLE	MANAGING MEMBER	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	HELD, JAMES G	,	NAME		900004425720 <u>-</u>	
STREET ADDRESS CITY-ST-ZIP	754 SO COUNTY ROPALM BEACH, FL 3	DAD	STREET CITY-S	T ADDRESS ST-71P	8000044257386 -06/18/0101151013	
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STREET ADDRESS				T ADDRESS		
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STREET ADDRESS	,	•		T ADDRESS		Н
CITY-ST-ZIP		<u> </u>	CITY-S	ST-ZIP		
TITLE .		☐ Delete	) TITLE NAME		☐ Change ☐ Addition	<b>'</b> [ 4
STREET ADDRESS	•			T ADDRESS	•	
CITY-ST-ZIP		<u></u>	CITY-S	ST-ZIP		41
NAME '		☐ Delete	TITLE NAME		☐ Change ☐ Addition	۱   ۱
STREET ADDRESS	,			T ADDRESS		
CITY-ST-ZIP			СПУ-5			_
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 agail 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 proof as required by Chapter 608, Florida Statutes.  SIGNATURE:						
CIGIAMI	CICHARUS AND THE DOCUMENT NAME OF		<del></del>		D. 4 - Change	