2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003118 1. Entity Name ADLER DIXIE LLC					FILED			
					1 1 km km lm/			
		Mailing Address 1400 NORTHWEST 107TH AVE. MIAMI FL 33172-2704			SECRETARY OF STATE TALLAHARSEE, FLORIDA			
2. Principal F	lace of Business	3. Mailing Address	ailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		·····	4. FEI Number Applied For 65–1000295 Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status De		5.00 Add ee Required	
	6. Name and Address of Current F	Registered Agent		<u> </u>	7. Name and Address o	New Registered Ag	gent	
Na								
LEVY, JOEL 1400 NORTHWEST 107TH AVE.			Street A	Address (P.C	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL	33172-2704		City	City FL Zip			Zip Code	•
8. The above	named entity submits this statement for	agent, or both, in the Sta						
SIGNATURE 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 Department of					State			
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDI	TIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, MICHAEL M 1400 NORTHWEST 107TH AVE. MIAMI FL 33172-2704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400	, MICHAEL M. NW 107 Avienue , FL 33172	* ·	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	EVAS LEVY, 1400			Change	☆ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARITI 1400	NEZ, JOSE NW 107 Avenue , FL 33172		Change	∑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARRIZ 1400	URIEIA, LUIS NW 107 Avenue , FL 33172		☐ Change	∑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER 1400	, LINDA K. NW 107 Avenue , FL 33172	I	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Hotel	8009	104212 05/11/01-0 ******50.00	Change 11 9 5 11 27-	Addition 5 19 50.00
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 regever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

Joel Levy

04/15/01 (305)392-4050
Date Daytime Phone #