# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 3:00 PM
Secretary of State
FILED
03-07-2003 90016 003 ****50.00

03 APR 29 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003574

1. Entity Name
BDPB DADELAND, LLC

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 200 SOUTH BISCAYNE BLVD. | 200 SOUTH BISCAYNE BLVD. |
| Suite, Apt. #, etc.<br>SIXTH FLOOR | Suite, Apt. #, etc.<br>SIXTH FLOOR |
| City & State<br>MIAMI, FL | City & State<br>MIAMI, FL |
| Zip<br>33131 Country<br>U.S.A. | Zip<br>33131 Country<br>U.S.A. |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1004304 ☐ Applied For ☐ Not Applicable

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 ~~WEIDER, NORMAN S~~ Alhambra Registered Agents Attn: Martin Genauer V.P.

Street Address (P.O. Box Number is Not Acceptable)
Karp & Genauer, PA
~~100 S.E. 2ND STREET, SUITE 3950~~ 2 Alhambra Plaza Suite 1202

City ~~MIAMI~~, Coral Gables FL Zip Code ~~33131~~ 33134

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.

SIGNATURE Martin Genauer 4/22/03
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| | | | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM - BRANT, BARRY M<br>200 SOUTH BISCAYNE BLVD. SIXTH FLOOR<br>MIAMI FL 33131 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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CR2E083B (12/02)

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: Barry Brant 3/4/03 (305) 379-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #