

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

000015
AT

DOCUMENT # L00000005346

1. Entity Name

TRADITIONAL NEIGHBORHOOD DEVELOPMENT COMPANY, L.

01 MAY -3 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1023 SW 25TH AVENUE
MIAMI FL 33135

Mailing Address

1023 SW 25TH AVENUE
MIAMI FL 33135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPLAN, FRANKLIN H ESQ
2001 SOUTH BISCAYNE BLVD
SUITE 2950
MIAMI FL 33135

Name

SHANNON, R. MATTHEW

Street Address (P.O. Box Number is Not Acceptable)

1023 SW 25TH AVENUE

City

MIAMI

FL

Zip Code -
33135

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

R. Matthew Shannon

R. MATTHEW SHANNON

5-1-01

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004323910-2
-05/25/01--01076--024
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHANNON, R. MATTHEW
1023 SW 25TH AVENUE
MIAMI FL 33135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUANY, ANDRES M
1023 SW 25TH AVENUE
MIAMI, FL 33135 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PLATER-ZYBERK, ELIZABETH
1023 SW 25TH AVENUE
MIAMI, FL 33135 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *R. Matthew Shannon* R. MATTHEW SHANNON 5-1-01 305-644-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)