

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

01-29-2002 90067 021 ****50.00

DOCUMENT # L00000005346

1. Entity Name

**TRADITIONAL NEIGHBORHOOD DEVELOPMENT COMPANY, L.
 L.C.**

Principal Place of Business

**1023 SW 25TH AVENUE
 MIAMI FL 33135**

Mailing Address

**1023 SW 25TH AVENUE
 MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
01-0677372

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MATTHEW, SHANNON R
 1023 SW 25TH AVENUE
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **DUANY, ANDRES M.**

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

Signature, typed or printed name of registered agent acceptable

ANDRES DUANY

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

SIGNATURE REQUIRED

A. DUANY

1-25-02

305-644-1023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2ED83 (9/01)