

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90048 014 \*\*\*\*50.00

**DOCUMENT # L00000005415**

1. Entity Name  
**CALDWELL INVESTORS, L.C.**



Principal Place of Business

Mailing Address

~~200 S. BISCAYNE BLVD., SUITE 2000~~  
~~MIAMI FL 33131~~

~~200 S. BISCAYNE BLVD., SUITE 2000~~  
~~MIAMI FL 33131~~



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**510 S. Mashta Dr.**

**510 S. Mashta Dr.**

City & State  
**Key Biscayne - FL**  
Country  
**US**  
**33149**

City & State  
**Key Biscayne - FL**  
Country  
**US**  
**33149**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

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

**MULLIN, TERRANCE J**  
**200 S. BISCAYNE BLVD., SUITE 2000**  
**MIAMI FL 33131**

Name

Street Address (P.O. Box Number in Alaska or Montana)

**510 S. Mashta Dr.**

City

**Key Biscayne - FL**

**FL**

**33149**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**ECHAVARRIA, CATALINA**  
**510 S MASHTA DR**  
**KEY BISCAYNE FL 33149**

☐ Delete

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

TITLE  
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☐ 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:** **Caldwell Investors, L.C.**

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

**Feb 20/03. 305-299-3173**

Date

Daytime Phone #

CR2E083 (10/02)