

2001 UNIFORM BUSINESS REPORT (UBR)

0009249 AF

DOCUMENT # L00000005782
1. Entity Name
 SOUTH BEACH RESORT DEVELOPMENT LLC

FILED

00 FEB -1 PM 8:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
~~524 41ST STREET, SUITE 302~~ ~~524 41ST STREET, SUITE 302~~
 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140

2. Principal Place of Business **3. Mailing Address**
 1458 OCEAN DRIVE 1458 OCEAN DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 MIAMI BEACH FL MIAMI BEACH FL
Zip **Country** **Zip** **Country**
 33139 U.S. 33139 U.S.

4. FEI Number **Applied For**
 65-101216-2 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MOLKO, RONALD S
 524 41ST STREET, SUITE 302
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 1458 OCEAN DRIVE
 City State Zip Code
 MIAMI BEACH FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

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 -02/12/01--01140--008
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MEMBER	MOLKO, RONALD S. 891 CAPTIVA DRIVE HOLLYWOOD, FL 33019		
MEMBER	GRABARNICK, GENE 6480 ALLISON ROAD MIAMI BEACH, FL 33141		

TITLE	NAME	TITLE	NAME

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 _____ **Date** 2/26/01 **Daytime Phone #** 305-672-4654

CFR2E083 (11/00)