

# 2001 UNIFORM BUSINESS REPORT (UBR)

001180 AF

DOCUMENT # L00000007090

1. Entity Name  
LIGHTHOUSE POINT ASSOCIATES L.L.C.

Principal Place of Business

19024 N.E. 29 AVENUE  
AVENTURA FL 33180

Mailing Address

19024 N.E. 29 AVENUE  
AVENTURA FL 33180

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

65-1025157

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

KLEIN, THEODORE J ESQ.

88 N.E. 168 STREET

NORTH MIAMI BEACH FL 33162

Name

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

City

FL

Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR KONCKIER, HENRI ☒ Delete  
STREET ADDRESS 19024 N.E. 29 AVENUE  
CITY-ST-ZIP AVENTURA FL 33180

TITLE NAME MGR The Stone Properties, Inc ☐ Change ☒ Addition  
STREET ADDRESS 19024 NE 29th Ave  
CITY-ST-ZIP Aventura, FL 33180

TITLE NAME MGR LASRY, JOHN ☐ Delete  
STREET ADDRESS 19024 N.E. 29 AVENUE  
CITY-ST-ZIP AVENTURA FL 33180

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400004218194--7  
CITY-ST-ZIP -05/15/01--01116--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

*Benjamin J. Babin*  
BENJAMIN J. BABIN, Inc

4/28/01

305-935-5447

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

Date

Daytime Phone #

CR2E083 (11/00)