

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0012021

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

1666 Kennedy Causeway
 Suite, Apt. #, etc.
 Suite 610

3. Mailing Address

1666 Kennedy Causeway
 Suite, Apt. #, etc.
 Suite 610

City & State

North Bay Village, FL

Zip

33141

Country

City & State

North Bay Village, FL

Zip

33141 DE

Country

4. FEI Number

65-1025157

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ.
 88 N.E. 168 STREET
 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 THE STONE PROPERTIES INC
 19024 N.E. 29 AVENUE
 AVENTURA FL 33180 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 - 1666 Kennedy Causeway #610
 - North Bay Village, FL 33141

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 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]* *Bambi Sims*

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

1/30/02

Date

305-868-5881

Daytime Phone #

CR2E083 (9/01)