

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **L00000007099**

1. Entity Name  
**KOSWISHMARLINFIELD ASPEN, L.C.**

FILED

01 MAR 22 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
100 S.E. 2ND STREET, 28TH FLOOR  
MIAMI FL 33131

Mailing Address  
100 S.E. 2ND STREET, 28TH FLOOR  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1029428**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KTG&S REGISTERED AGENT CORPORATION**  
100 S.E. 2ND STREET, 28TH FLOOR  
MIAMI FL 33131

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
mbr/mgr	Michael Kosnitzky	100 se 2nd st, 28 floor	miami, fl 33131	<input type="checkbox"/>
mbr/mgr	Jerrold A. Wish	1221 Brickell Ave, #21st floor	miami, fl 33131	<input type="checkbox"/>
mbr/mgr	Kenneth Marlin	11921 S. Dixie Hwy, #202	miami, fl 33156	<input type="checkbox"/>
mbr	Richard L. Laufeld	4411 Pine Tree Drive	miami beach, fl 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

*Kenneth Marlin*  
Kenneth Marlin, Manager

305 2552747

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

Date

Daytime Phone #

CR2E083 (11/00)