

AMENDED

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 30 AM 10:50

DOCUMENT # L00000007099

1. Entity Name

KOSWISHMARLINFIELD ASPEN, L.C.

DO NOT WRITE IN THIS SPACE

500009744315
12/30/02--01084--008 **50.00

2. Principal Place of Business:

245 N. Coconut Lane

Suite/Apt. #, etc.

3. Mailing Address

245 N. Coconut Lane

Suite/Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach FL 3

City & State
Miami Beach FL

4. FEI Number

65-1029428

Applied For

Not Applicable

Zip
33139

Country
US

Zip
33139

Country
US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Jerrold A. Wish

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

200 S. Biscayne Blvd

Suite 3400

Miami 1

FL

Zip Code

33131

DO NOT WRITE
IN THIS SPACE

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.

2/2/03

FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WISH, JERROLD A. 245 N. Coconut Lane Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARLIN, KENNETH 11921-S. Dixie Highway, #202 Miami, FL 33156
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DO NOT WRITE
IN THIS SPACE

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

JERROLD A. WISH, MEMBER/MANAGER

2/2/03 305-940-2213

Date

Daytime Phone #

CR2E083B (12/01)