

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90007 032 \*\*\*\*50.00

**DOCUMENT # L00000007477**

1. Entity Name

**RDJ HOTEL GROUP, LLC**

Principal Place of Business

Mailing Address

~~235 OCALA ROAD SOUTH~~  
~~TALLAHASSEE FL 32304~~

~~P.O. BOX 2535~~  
~~TALLAHASSEE FL 32316 2535~~

2. Principal Place of Business

3. Mailing Address

**225 N.E. 34TH ST.**

**225 N.E. 34TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**200**

**200**

City & State

City & State

**Miami FL**

**Miami FL**

Zip

Zip

**33137**

**33137**

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3654641**

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

**LEONI, STEVEN M**  
**235 OCALA ROAD SOUTH**  
**TALLAHASSEE FL 32304**

Name

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

**225 N.E. 34TH ST.**

**Suite 200**

City

**Miami**

**FL**

Zip Code

**33137**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEONI, STEVEN M <del>235 OCALA ROAD SOUTH</del> <del>TALLAHASSEE FL 32304</del></b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>225 NE. 34TH STREET, SUITE 200 MIAMI, FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**2/4/02**

**850-580-3131**

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

Date

Daytime Phone #

CP2E083 (9/01)