LIMITED LIABILITY COMPANY

U	NIFORM BUSIN	ESS REPORT	· (UI	BR)			
DOCUMENT # L00000007818  1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS		
000 PARKING LOT, LLC				03 MAR 11 PM 2: 28		2: 28	
	DO NOT WRITE	IN THIS SI	PAC	E			
2 Principal Pl	lace of Business	3. Mailing Address	3. Mailing Address				
	inset Dr.	1501 Sunset Dr.					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
2nd Flr		2nd F1r. City & State			4. FEI Number		Applied For
City & State Miami, FL 33143		Miami, FL 33143		90-0019253		Not Applicable	
Zip 33143	Country	Zip 33143	Coun	try	5. Certificate of Status Desired		5.00 Additional e Required
33143	UJA			JOR	7. Name and Address of Current	Registered A	gent
DO NOT WRITE				Name Richard L. Mattaway  Street Address (P.O. Box Number is Not Acceptable)  1501 Sunset Dr.			
2 2				City Mia	am i	FL	Zip Code 33143
8. The above	named entity submits this statement	or the purpose of changing its	s register	ed office or register	ed agent, or both, in the State of Flo	rida. I am fam	iliar with, and accept
	ions of registered agent/	$\sim$				2/2°	
SIGNATURE .	Signature, typed or printed name of registered ager	it and title if applicable.				DATE	
·		Make Check Payat	ole to Fl	\$50.00 orida Departme / MAY 1	nt of State	, •	
9.	MANAGING MEME	ERS/MANAGERS			<u> </u>	738	<b>053</b>
TITLE	MGR		TITL Nav	!	04/30/02900		<b>**</b> 50.00
NAME STREET ADDRESS	The Richard-Brandon Company			ET ADDRESS			
CITY-ST-ZIP	1501 Sunset Dr. 2nd Floor		CITY	-ST-ZIP			
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NAME			NAM	E Et address			
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NAME STREET ADDRESS			NAA STR	ie Eet aodress			r T

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.

CITY-ST-ZIP

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

CITY-ST-ZIP

2/28/03

305.938.4000 x116

Daytime Phone #