2001 UNIFORM BUSINESS REPORT (UBR)

0000519 AF

DOCUMENT # L00000008437

1. Entity Name
TOWNCENTER REALTY SERVICES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 27 PM 3:25

Principal Place of Business	Mailing Address
2511 PONCE DE LEON BLVD SUITE 205 CORAL GABLES FL 33134	2511 PONCE DE LEON BLVD SUITE 205 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1696 VICTORIA POINTE CIRCLE	1696 VICTORIA POINTE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FLORIDA	City & State: WESTON, FLORIDA
Zip: 33327-1301 Country:	Zip: 33327-1301 Country:

4. FEI Number 65-1025044 ☐ 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
VALENTIN, CARLOS M ESQ 2511 PONCE DE LEON BLVD SUITE 205 CORAL GABLES FL 33134	Name: CARLOS VALENTIN, ESQ. Street Address (P.O. Box Number is Not Acceptable): 1696 VICTORIA POINTE CIRCLE City: WESTON FL Zip Code: 33327-1301

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] CARLOS VALENTIN FEB. 22, 2001
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	☐ Delete	TITLE MGRM NAME VALENTIN CARLOS STREET ADDRESS 1696 VICTORIA POINTE CIRCLE CITY-ST-ZIP WESTON, FLORIDA 33327-1301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003802616--1 -03/06/01--01091--024 ****100.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: CARLOS VALENTIN [signature] FEB. 22, 2001 (954) 217-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #