

2001 UNIFORM BUSINESS REPORT (UBR)

lga

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DOCUMENT # L00000008495
 1. Entity Name
LEUCADENDRA PARTNERS, L.C.

FILED

01 MAR -5 PM 2:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 7420 S.W. 49TH CT. 7420 S.W. 49TH CT.
 MIAMI FL 33143 MIAMI FL 33143

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 65-1025025 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DIMOND, JASON
7420 S.W. 49TH STREET
MIAMI FL 33143

7. Name and Address of New Registered Agent
 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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AEE ATTACHED SHEET 1015203828561-4 -03/09/01--01092--020 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ATTACHED SHEET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ATTACHED SHEET
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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] MANAGING MEMBER 03/02/01 (305) 447-0951
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

BOX 10

1. MANAGING MEMBER
DIMOND DEVELOPMENT II LLC
7420 SW 49 CT
Miami, Fl 33143

2. MEMBER
COURTLAND INVESTMENT, INC.
1870 S. Bayshore Drive
Coconut Grove, Fl 33133
Attn: Maurice Weiner
Larry Rothstein

3. MEMBER
MSL, LC.
3295 Ridgewood Rd NW
Atlanta, Ga 30327
Attn: Louis Cicerone

4. MEMBER
Michael Hanzman
220 Alhambra Cir., Ste 400
Coral Gables, Fl 33143

5. MEMBER
Richard Ghawi
8205 SW 163 St
Miami, Fl 33157

6. MEMBER
Jason Dimond
770 Claughton Island Dr. #401
Miami, Fl 33131