

# 2001 UNIFORM BUSINESS REPORT (UBR)

192

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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  
7420 S.W. 49TH CT.  
MIAMI FL 33143

Mailing Address  
7420 S.W. 49TH CT.  
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

65-1025025

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

DIMOND, JASON  
7420 S.W. 49TH STREET  
MIAMI FL 33143

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

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	<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
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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	AEE ATTACHED SHEET -03/09/01--01092--020 *****55.00 *****55.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED SHEET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED SHEET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED SHEET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED SHEET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED SHEET	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/02/01

(305) 447-0951

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