

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000009147

1. Entity Name
 2020 PROPERTIES, L.L.C.

Principal Place of Business 2020 NE 163RD ST. SUITE 300 N. MIAMI BEACH 33162	FL	Mailing Address 2020 NE 163RD ST. SUITE 300 N. MIAMI BEACH 33162	FL
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
65-1031248

Applied For	Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DINER MANUEL ESQ.
 141 NE 3RD AVENUE, SUITE 601

MIAMI FL
 33132 US

7. Name and Address of New Registered Agent

Name
 ROBBINS JAMES M

Street Address (P.O. Box Number is Not Acceptable)
 2020 N.E. 163RD STREET

SUITE 300

City
 NORTH MIAMI BEACH FL Zip Code
 33162

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 JAMES M. ROBBINS DATE 03/19/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAGEN GERALD 2020 N.E. 163RD STREET SUITE 300 NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBBINS JAMES M 2020 N.E. 163RD STREET SUITE 300 NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Change <input checked="" 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: JAMES M. ROBBINS MGR DATE 03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)