

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90020 034 \*\*\*\*50.00

**DOCUMENT # L00000009147**

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



Principal Place of Business      Mailing Address  
**2020 NE 163RD ST.  
SUITE 300  
N. MIAMI BEACH FL 33162**      **2020 NE 163RD ST.  
SUITE 300  
N. MIAMI BEACH FL 33162**

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 **65-1031248**      Applied For  
Not Applicable

5. Certificate of Status Desired...  **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**ROBBINS, JAMES M  
2020 N.E. 163RD STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>ROBBINS, JAMES M</b>	
STREET ADDRESS	<b>2020 N.E. 163RD STREET SUITE 300</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>DAGEN, GERALD</b>	
STREET ADDRESS	<b>2020 N.E. 163RD STREET SUITE 300</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*      **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #  
**3-19-03**      **931-1845**

CR2E083 (10/02)