

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009529

1. Entity Name
EMERALD CLINTON, L.L.C.

Principal Place of Business Mailing Address
3225 Aviation Avenue **3225 Aviation Avenue**
Suite 700 **Suite 700**
Coconut Grove, FL 33133 **Coconut Grove, FL 33133**

FILED
 01 APR 30 AM 11:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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
65-1088785

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Randy Rieger
3225 Aviation Avenue
Suite 700
Coconut Grove, FL 33133

7. Name and address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip

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

9. MANAGING MEMBERS/ MEMBERS Delete

10. ADDITIONS/ CHANGES Change Addition

TITLE
 NAME
 STREET
 ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET
 ADDRESS
 CITY-ST-ZIP

M
Stewart I. Marcus
3225 Aviation Avenue, Suite 700
Coconut Grove, FL 33133

TITLE
 NAME
 STREET
 ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET
 ADDRESS
 CITY-ST-ZIP

M
Randy Rieger
3225 Aviation Avenue, Suite 700
Coconut Grove, FL 33133

TITLE
 NAME
 STREET
 ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
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*******50.00 *****50.00**

TITLE
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 ADDRESS
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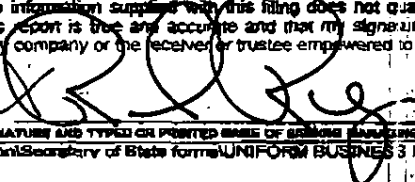
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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



4/5/01

(561) 366-8321

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #