

2001 UNIFORM BUSINESS REPORT (UBR)

0015812 AF

DOCUMENT # L00000009536

1. Entity Name
18007, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -7 PM 3:14

Principal Place of Business
2560 SOUTH OCEAN BOULEVARD, SUITE 605
PALM BEACH FL 33480

Mailing Address
2560 SOUTH OCEAN BOULEVARD, SUITE 605
PALM BEACH FL 33480



2. Principal Place of Business
17750 SW 154 Street
Suite, Apt. #, etc.

3. Mailing Address
17750 SW 154 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE:

City & State
Miami, FL 33187

City & State
Miami, FL

4. FEI Number ☒ Applied For
Not Applicable

Zip Country Zip Country
33187 USA 33187 USA

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

6. Name and Address of Current Registered Agent
MERCER, LEONARD J JR.
2560 SOUTH OCEAN BOULEVARD, SUITE 605
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
Name
Michael M. Lally
Street Address (P.O. Box Number is Not Acceptable)
17750 SW 154 Street
City Miami FL Zip Code 33187

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 2/8/01

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	MGR MERCER, LEONARD J JR. 2560 SOUTH OCEAN BOULEVARD, SUITE 605 PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYRE, ROGER D 9855 SW 140 STREET MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13724 SW 147 Circle Lane, #3 Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael M. Lally 17750 SW 154 Street Miami, FL 33187	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003910293-1 -03/26/01--01136--014 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: 2/8/01 305-776-6032

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

CR2E083 (11/00)