305 - 892 - 6670 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000009701 1. Entity Name LEAR DEVELOPMENT CO., L.L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS						
Principal Place of Business 11111 BISCAYNE BLVD SUITE 715 MIAMI FL 33181		Mailing Address 11111 BISCAYNE BLVD MIAMI FL 33181	SUITE 715			0	I MAY	-3 PI	M 12: 4	9	
2. Principal Place of Business Suite, Apt. #. etc.		3. Mailing Address			 	19511811181114	3111	I MUITI MURRI (46 11} 4011 161	iii ieo ii	08)01 (10) <u> 16</u> 1
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Number Applied For 36 - 43 9 0 7 3 5 Not Applicable						
Zip	Country	Zip	Country		-	•	tus Desired		\$5.0 Fee R	O Ad	ditional
	6. Name and Address of Curr	ent Registered Agent	\		7. Name	and Addre	ess of New	Register			
FAWELL, THOMAS W			Name		<u> </u>	·_ <u>_</u> _	·				
-	CAYNE BLVD. SUITE -7:15		Stree	t Address (F	P.O. Box Nu	ımber is No	ot Acceptat	ole)			·
MIAMI FL 3	3181										
			City						FL Zij	p Cod	е
			4								
8. The above na	amed entity submits this statemen	nt for the purpose of changing its	egistered office	or registere	ed agent, o	r both, in th	ne State of I	Florida.			
	amed entity submits this statemen	nt for the purpose of changing its	registered office	or registere	ed agent, o	r both, in th	ne State of I	Florida.			
SIGNATURE	amed entity submits this statemen		egistered office				ne State of I	Florida.	TE		
SIGNATURE	•	gent and title if epplicable. (NOTI		mature required v	when reinstating	g)	1004		101		
SIGNATURE	•	gent and title if epplicable. (NOTI	Registered Agent sig	nature required	when reinstating	g)	1004 -05/1	122 6/01-	1 O 1 -01126	S(003
SIGNATURE Sign	gnature, typed or printed name of registered a	gent and title if applicable. (NOTI	Registered Agent sig	nature required	when reinstating	<u>» </u>	1004 -05/1	122 6/01- *50.0	1 () 1 -01126 () ***	S(003
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