

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000010899

1. Entity Name

REDTAIL MOUNTAIN RANCHES, L.L.C.

FILED

01 JAN 22 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2121 PONCE DE LEON BOULEVARD, PH2  
CORAL GABLES FL 33134

Mailing Address  
2121 PONCE DE LEON BOULEVARD, PH2  
CORAL GABLES FL 33134

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

65-1043655

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.  
BANK OF AMERICA TOWER SUITE 3500  
100 SE SECOND STREET - ATTN: LEON J. WOLFE  
MIAMI FL 33131-2130

Name  
Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)  
100 Southeast Second Street

Suite 3500

City  
Miami

FL

Zip Code  
33131-2130

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

V.P.

1/18/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
MEYERS, STUART I  
2121 PONCE DE LEON BLVD. PH 2  
CORAL GABLES FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LOPEZ, JORGE  
2121 PONCE DE LEON BLVD. PH2  
CORAL GABLES FL 33134

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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)(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 REQUIRED

1/15/01 305-443-8288

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

Date

Daytime Phone #

CR2E083 (11/00)