

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000011216

1. Entity Name  
SUNNY ISLES LUXURY VENTURES, L.C.

FILED  
01 MAR 29 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O IRVING SHIMOFF, ESQ.  
NATIONS BANK TWR., 100 SE 2ND ST, STE 3920  
MIAMI FL 33131

Mailing Address  
C/O IRVING SHIMOFF, ESQ.  
NATIONS BANK TWR., 100 SE 2ND ST, STE 3920  
MIAMI FL 33131

2. Principal Place of Business  
18101 Collins Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
18101 Collins Avenue  
Suite, Apt. #, etc.

City & State  
Sunny Isles Beach, FL

City & State  
Sunny Isles Beach, FL

4. FEI Number  Applied For  
 Not Applicable

Zip Country Zip Country  
33160 USA 33160 USA

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

6. Name and Address of Current Registered Agent  
SHIMOFF, IRVING ESQ.  
NATIONS BANK TWR., 100 SE 2ND ST, STE 3920  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name: Ronald R. Fieldstone  
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle  
Suite 601  
City: Coral Gables FL Zip Code: 33134

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: RONALD R. FIELDSTONE 3/7/01  
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

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-04/11/01--01009--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHIMOFF, IRVING 100 SE 2NDST, STE 3920 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dezer, Michael 89 Fifth Avenue, 11th Floor New York, NY 10003 <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	MGRM Dezertzov, Neomi 89 Fifth Avenue, 11th Floor New York, NY 10003 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Neomi Dezertzov 3/26/01 212-929-1285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)