

2001 UNIFORM BUSINESS REPORT (UBR)

0009676 AF

DOCUMENT # **L00000011840**

1. Entity Name
QUAIL ROOST BUILDING VENTURES LLC

FILED

01 FEB 13 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 250 BIRD RD., STE. 302 CORAL GABLES FL 33146	Mailing Address 250 BIRD RD., STE. 302 CORAL GABLES FL 33146
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2. Principal Place of Business 10348 S. W. 186th. St. Suite, Apt. #, etc.	3. Mailing Address c/o Joseph F. Lopez, Esq. Suite, Apt. #, etc. 250 Bird Road, Suite 302
City & State Miami, FL	City & State Coral Gables, FL

4. FEI Number 65-1049395	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

Zip 33157	Country US	Zip 33146	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

LOPEZ, JOSEPH F
250 BIRD RD., STE. 302
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600003744226--0
-02/21/01--01003--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steve Wiener c/o Joseph F. Lopez, Esq. 250 Bird Rd. #302 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Authorized Representative <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition W. H. Andrus c/o Joseph F. Lopez, Esq. 250 Bird Rd. #302 Coral Gables, FL 33246
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"/> Change <input type="checkbox"/> Addition
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"/> 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 *W. H. Andrus* **SIGNATURE REQUIRED** **Andrus** 2/6/01 305-444-4375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CF2E093 (11/00)