

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012831

1. Entity Name
TOWN CENTER O-L I, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13899 BISCAYNE BLVD., SUITE 102
NORTH MIAMI BEACH, FL 33181

Mailing Address
P.O. BOX 54-1464
OPA-LOCKA, FL 33056

2. Principal Place of Business
11077 Biscayne Boulevard

3. Mailing Address
11077 Biscayne Boulevard

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.
Suite 205

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33161

Country
USA

Zip
33161

Country
USA

4. FEI Number
65-1095797

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

600017846896
01/03--01074--031 **350.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME TOWN CENTER O-L I, INC. ☒ Delete
STREET ADDRESS 13899 BISCAYNE BLVD., SUITE 102
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33181

TITLE MGR ☒ Change ☐ Addition
NAME Town Center O-L I, Inc.
STREET ADDRESS 11077 Biscayne Boulevard, Suite 205
CITY-ST-ZIP Miami, Florida 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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.

Town Center O-L I, Inc., Manager, - Dennis Stackhouse, President

SIGNATURE:

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

Date

Daytime Phone #

4/30/03

CH2E083 (10/02)