2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State
04-16-2002 90082 008 ****50.00

DOCUMENT # L00000012834

1. Entity Name
SUNNY ISLES BEACH RESORT AND MARINA, LLC

Principal Place of Business	Mailing Address
~~3800 NORTH 38TH AVENUE HOLLYWOOD FL 33021~~ 1951 NE 149th St N. Miami, FL 33181	~~3800 NORTH 38TH AVENUE HOLLYWOOD FL 33021~~ 1951 NE 149th Street N. Miami, FL 33181

91517

DO NOT WRITE IN THIS SPACE

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 ~~APPLIED FOR~~ 59-3734796 ☐ 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
LEFKOWITZ, ERIC 287 ATLANTIC AVENUE SUNNY ISLES BEACH FL 33160	Name: PENNY LEFKOWITZ Street Address (P.O. Box Number is Not Acceptable): 287 ATLANTIC AVE City: SUNNY ISLES BEACH FL Zip Code: 33160

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: Penny Lefkowitz 4.3.02
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEFKOWITZ, ERIC 287 ATLANTIC AVENUE SUNNY ISLES BEACH FL 33160	☐ Delete	MGR ROTHSTEIN, IVAN 3800 N 38th AVE HOLLYWOOD, FL 33021	☐ Change ☒ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E083 (9/01)

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 OMITTED 4.3.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #