

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90030 024 ****50.00

DOCUMENT # L00000013376

1. Entity Name

MATECUMBE AIRPORT TOWERS, L.L.C.

Principal Place of Business

**150 SE TWELFTH STREET, SUITE 300
 FORT LAUDERDALE FL 33316**

Mailing Address

**150 SE TWELFTH STREET, SUITE 300
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

8211 W Broward Blvd.

Suite, Apt. #, etc.

Suite 120

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Address

8211 W Broward Blvd.

Suite, Apt. #, etc.

Suite 120

City & State

Plantation, FL

Zip

33324

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1051328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SANTOLLA, STEVEN
 150 SE TWELFTH STREET, SUITE 300
 FORT LAUDERDALE FL 33316**

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

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

TITLE **MGR** ☐ Delete
 NAME **LIHAN, THOMAS**
 STREET ADDRESS **150 SE TWELFTH STREET, SUITE 300**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **MGR** ☐ Delete
 NAME **SANTOLLA, STEVEN**
 STREET ADDRESS **150 SE TWELFTH STREET, SUITE 300**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ 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:

THOMAS A. LIHAN 1/22/02 954 476 8191

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

Date

Daytime Phone #

CR2E083 (9/01)