

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -3 PM 2:01

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000013882			
1. Entity Name 135TH STREET APARTMENTS, LLC			
Principal Place of Business C/O BH RICE INC 2860 NW 135TH ST #118 OPA LOCKA, FL 33054		Mailing Address C/O BH RICE INC 2860 NW 135TH ST #118 OPA LOCKA, FL 33054	
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 65-6317700		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMONT & NEIMAN PA ONE BISCAYNE TOWER 3650 TWO S BISCAYNE BLVD MIAMI, FL 33131		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR B.H. RICE, INC. 2860 N.W. 136TH STREET #118 OPA LOCKA, FL 33054 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.H. RICE, INC. 2860 NW 135TH ST. # 118 OPA-LOCKA, FL 33054 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: 		6/30/03 (305) 688-7960	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

Dave K. Rice

100021306301
07/03/03--01089--001 *\$50.00



☒ CHECK HERE IF MAKING CHANGES

Add suite # to mailing address

CR2003 (1002)