

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90022 019 \*\*\*\*50.00

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

**DOCUMENT #** L00000013918  
 1. Entity Name  
 ONE AVENTURA PLACE, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 20801 Biscayne Boulevard Suite, Apt. #, etc. Suite 505 City & State Aventura, FL Zip 33180		3. Mailing Address 20801 Biscayne Boulevard Suite, Apt. #, etc. Suite 505 City & State Aventura, FL Zip 33180	
Country US		Country US	

87024  
 DO NOT WRITE IN THIS SPACE

4. FEI Number 65-21126030	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Dade County Corporate Agents, Inc.	
	Street Address (P.O. Box Number is Not Acceptable) Suite 505	
	20801 Biscayne Boulevard	
	City Aventura	FL Zip Code 33180

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.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Jeffrey M. Perlow 20801 Biscayne Boulevard, #505 Aventura, Florida 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 608, Florida Statutes.

SIGNATURE:  4/25/02 (305) 933-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)