

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

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

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

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

Country

US

3. Mailing Address

20801 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 505

City & State

Aventura, FL

Zip

33180

Country

US

4. FEI Number

65-1126030

☒

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

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

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

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

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**DO NOT WRITE
IN THIS SPACE**

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:

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

4/25/02

Date

(305) 933-2000

Daytime Phone #

CR2E083B (12/01)