

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0011889

**DOCUMENT # L00000014076**

1. Entity Name

**WOODLAND HILLS, LLC**

04-01-2002 90046 026 \*\*\*\*50.00

Principal Place of Business

Mailing Address

~~19024 NE 29TH AVE~~  
~~AVENTURA FL 33180~~

~~19024 NE 29TH AVE~~  
~~AVENTURA FL 33180~~

2. Principal Place of Business

3. Mailing Address

*1666 Kennedy Causeway*

*1666 Kennedy Causeway*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite #610*

*Suite #610*

City & State

City & State

*North Bay Village, FL*

*North Bay Village, FL*

Zip

Zip

*33141*

*33141*

Country

Country

*USA*

*USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMS, BAMBI**

**19024 NE 29TH AVE**

**AVENTURA FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

*1666 Kennedy Causeway*

*Suite #610*

*North Bay Village*

**FL**

*Zip 33141*

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]*

*3/15/02*

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**  
**THE STONE PROPERTIES INC**  
**19024 NE 29TH AVE**  
**AVENTURA FL 33180**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
*1666 Kennedy Causeway, #610*  
*North Bay Village, FL 33141*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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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)(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]* **BAMBI SIMS**

*3/15/02*

*305-868-5881*

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

Date

Daytime Phone #

CR2E083 (9/01)