

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

0011889

**DOCUMENT # L00000014076**

1. Entity Name  
**WOODLAND HILLS, LLC**

Principal Place of Business      Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

*1666 Kennedy Causeway*      *1666 Kennedy Causeway*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*North Bay Village, FL*      *North Bay Village, FL*

Zip      Zip      Country      Country

*33141*      *33141*      *USA*      *USA*

4. FEI Number      **APPLIED FOR**      Applied For

*65-1064837*            Not Applicable

5. Certificate of Status Desired            **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMS, BAMBI**  
**19024 NE 29TH AVE**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
*1666 Kennedy Causeway*

*Suite #610*

City      State      Zip Code

*North Bay Village*      **FL**      *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 *Bambi Sims*      *3/15/02*      DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>THE STONE PROPERTIES INC</b> <b>19024 NE 29TH AVE</b> <b>AVENTURA FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1666 Kennedy Causeway, #610</i> <i>North Bay Village, FL 33141</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *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)