2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# L00000015241

Entity Name: GULFSTREAM QUAY DEVELOPERS, LLC

Current Principal Place of Business:

4640 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

4640 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 65-1061297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, R E
4640 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	RODRIGUEZ, R. E MNG DIR	
Address:	4640 N. FEDERAL HWY	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064 US	
Title:	MGRM	( ) Delete
Name:	CODELLA, J. L DIR	
Address:	4640 N. FEDERAL HWY	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064 US	
Title:	MGRM	( ) Delete
Name:	COLSON, E. M DIR	
Address:	4640 N. FEDERAL HWY	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: R. E. RODRIGUEZ MGRM 04/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date