

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90211 044 ****50.00

DOCUMENT # L01000000834

1. Entity Name

Koreshan LLC

DO NOT WRITE IN THIS SPACE

960046

2. Principal Place of Business

255 Alhambra Circle

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 325

Suite, Apt. #, etc.

Suite 325

City & State

Coral Gables FL

City & State

Coral Gables FL

DO NOT WRITE IN THIS SPACE

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Marcia H. Langley

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

c/o Greenberg Traurig, One Boca Place, Suite 419A

City

Boca Raton

FL

Zip Code

33431

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 NAME STREET ADDRESS CITY - ST - ZIP	SouthStar Development Partners Inc. c/o J. Larry Rutherford, President 255 Alhambra Circle, Suite 325 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/02

Date

(305) 476-1515

Daytime Phone #

CR2E083B (12/01)