

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90054 031 ****55.00

DOCUMENT # L01000001321

1. Entity Name
PENINSULA HUNTER'S RUN, LLC

Principal Place of Business
555 N.E. 15TH AVE., SUITE 213
MIAMI FL 33132
Mailing Address
555 N.E. 15TH AVE., SUITE 213
MIAMI FL 33132

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

4. Fil Number
65-1077792
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET
SUITE 3500
MIAMI FL 33134

Name
OTIS PITTS, JR.
Street Address (P.O. Box Number is Not Acceptable)
555 NE 15th St.
Suite 213
City
MIAMI FL Zip Code
33132

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. (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

Table with 6 rows for managing members. Each row includes Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox. The first row is filled with: OTIS PITTS, JR., 555 NE 15th St, MIAMI, FL 33132.

Table with 6 rows for additions/changes. Each row includes Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)