

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90086 016 ****50.00

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DOCUMENT # L01000001374

1. Entity Name
151 NE 40 ST. L.L.C.

Principal Place of Business 100 S.E. 2ND STREET 17TH FLOOR MIAMI FL 3313	Mailing Address 100 S.E. 2ND STREET 17TH FLOOR MIAMI FL 3313
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2. Principal Place of Business 3930 NE 2 AVE	3. Mailing Address 3930 NE 2nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 107

City & State MIAMI FL	City & State Miami, FL	4. FEI Number 65-1073054	Applied For <input type="checkbox"/> Not Applicable
Zip 33137	Country USA	Zip 33137	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI FL 3313	7. Name and Address of New Registered Agent Name Juan E. Rodriguez Street Address (P.O. Box Number is Not Acceptable) 80 SW 8th Street, Suite 2550 City Miami FL Zip Code 33130
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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 Juan E. Rodriguez Juan E. Rodriguez 3-29-02
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Elizabeth Rosen **MANAGING MEMBER** 3/8/02 305-576-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)