

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90017 047 \*\*\*\*50.00

**DOCUMENT # L01000001533**

1. Entity Name

**ENCLAVE YORK HOUSE, L.L.C.**



Principal Place of Business

**C/O MELAND & RUSSIN, P.A.  
2420 200 S BISCAYNE BLVD  
MIAMI FL 33131**

Mailing Address

**C/O MELAND & RUSSIN, P.A.  
200 S S BISCAYNE BLVD  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**200 S. Biscayne**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3000**

City & State

City & State

**MIAMI, FL**

Zip

Country

Zip

Country

**33131**

**U.S.**

4. FEI Number **65-1103509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MELAND & RUSSIN, P.A.  
2420 FIRST UNION FINANCIAL CENTER  
200 S. BISCAYNE BLVD.  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

**Meland Russin Hellinger & Bodwick, PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3000 Biscayne Financial Center**  
**200 S. Biscayne Blvd.**  
City **MIAMI** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**MARK MELAND**

**3/24/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  
NAME **LEROY, GOLDSTEIN**  
STREET ADDRESS **200 S BISCAYNE AVENUE**  
CITY-ST-ZIP **MIAMI FL 33131**

☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

**9/24/03**

**305-613-3164**

Date Daytime Phone #

CR2E083 (10/02)