

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90047 035 ****50.00

DOCUMENT # L01000002327

1. Entity Name

28TH STREET, LLC



Principal Place of Business

**90 VIA MIZNER
WORTH AVENUE
PALM BEACH FL 33180**

Mailing Address

**90 VIA MIZNER
WORTH AVENUE
PALM BEACH FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

45 VIA MIZNER, WORTH AVE.

Suite, Apt. #, etc.

45 VIA MIZNER, WORTH AVE.

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

U.S.A.

Zip

33480

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1079096**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**EDGAR, CHARLES W III
4400 PGA BLVD
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 **MGRM** ☐ Delete
NAME **KEAN, IAN M**
STREET ADDRESS **C/O 90 VIA MIZNER**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **MGRM** ☐ Delete
NAME **VELASQUEZ, PEDRO M**
STREET ADDRESS **C/O 90 VIA MIZNER**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **45 VIA MIZNER**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **45 VIA MIZNER**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

28TH STREET, LLC
Signature: [Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

861-655-6505

CR2E083 (10/02)