

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90010 043 *****50.00

DOCUMENT # L01000002502

1. Entity Name

AVENTURA OFFICE PARK, L.L.C.



Principal Place of Business

**20500 WEST DIXIE HIGHWAY
NORTH MIAMI HIGHWAY FL 33180**

Mailing Address

**20500 WEST DIXIE HIGHWAY
NORTH MIAMI HIGHWAY FL 33180**

2. Principal Place of Business

1021 AVES DAIRY ROAD

3. Mailing Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

SUITE III

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33179

Country

Zip

Country

4. FEI Number **65-1080796**

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

**BENESON HOLDINGS, INC.
20500 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180**

→ ADDRESS CHANGE →

7. Name and Address of New Registered Agent

Name

BENESON HOLDINGS, INC.

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

1021 AVES DAIRY ROAD

SUITE III

City

MIAMI

FL

Zip Code

33179

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 **P** ☐ Delete
NAME **BENESON HOLDINGS, INC.**
STREET ADDRESS **20500 WEST DIXIE HIGHWAY**
CITY-ST-ZIP **NORTH MIAMI HIGHWAY FL 33180**

TITLE **S** ☐ Delete
NAME **DOUBLE CLICK CONSTRUCTION**
STREET ADDRESS **19539 NE 7TH AVE**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **VP** ☐ Delete
NAME **LEDERMANARCH INVESTMENT INC**
STREET ADDRESS **3899 NW 7TH ST**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VP** ☐ Delete
NAME **SAFRAN INVESTMENTS**
STREET ADDRESS **19333 COLLINS AVE APT 2306**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE **VP** ☐ Delete
NAME **BEJANAE CORP.**
STREET ADDRESS **19333 WILLIS AVE #708**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

[Signature]

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

1/13/03

305-935-2538

Date

Daytime Phone #

CR2E083 (10/02)