## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100002889

1. Entity Name

## RIMAR PROPERTIES AT DEL MAR, L.L.C.



**FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90010 024 \*\*\*\*50.00

Principal Place of Business				Mailing Address								
120 S. UNIVERSITY DRIVE SUITE B PLANTATION FL 33324			S	120 S. UNIVERSITY DRIVE SUITE B PLANTATION FL 33324				( <b>  1   1</b>   1   1	DIL DIK BANDI KIDIK ADAM BANK DOKIN		<b>.</b> 14881 48484 18	## <b>#</b> # <b>#</b> #############################
2. Principal Place of Business			3	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FE	l Num	nber 65-1080233		<del>_</del>	plied For t Applicable
Zip	Country			Zip Country			<b>5.</b> Ce	5. Certificate of Status Desired				
	6. Name a	and Address of Curre	istered Agent			7. Na	7. Name and Address of New Registered Agent					
FEINSTEIN, MARVIN 120 S. UNIVERSITY DRIVE SUITE B PLANTATION FL 33324  8. The above named entity submits this statement for the purpose of changing its re						Name Street Ad	idress (P.O. Bo	x Num	ber is Not Acceptable)			
						City	rociotorod page	at or h	and in the State of Florida	FL	Zip Code	
	named entity ions of registe		t for the	e purpose of changing its	register	rea office of	registered ager	it, or t	ooth, in the State of Florida.	. tainia	miliai witii,	ind accept
SIGNATURE .	Signature typed o	r printed name of registered ag	ent and tit	te if applicable (NOT	F. Register	ed Agent signatur	re required when rein	stating)		DATE		
FILE NOW Make Check Payable Due E						orida Dep ay 1, 2003	artment of S	tate				
9. MANAGING MEMBERS/MANAGERS									ADDITIONS/CHA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 S. UN	OPERTIES IIVERSITY DRIVE SI ON FL 33324	JITE B	□ Delete	4						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					•,		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete	CIT	ME BEET ADDRESS Y-ST-ZIP					☐ Change	☐ Addition
11. I hereby of indicated limited lia	certify that the I on this report ability compan	information supplied is true and accurate a yor the receiver or true	with this and that steeven	s filing does not qualify fo t my signature shall have apowered to execute this	r the exe the sam report a	emption state le legal effects s required b	ed in Section 1 of as if made un by Chapter 608,	19.07( der oa Florid	3)(i), Florida Statutes. I furt ath; that I am a managing a Statutes.	ther certi member	fy that the ir or manage	iformation r of the