2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003014

1. Entity Name
VENETIAN BAY ESTATES II, L.L.C.

FILED
2002 AUG 30 AM 10:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
42076

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1110 BRICKELL AVE. STE. 504 MIAMI FL 33131	1110 BRICKELL AVE. STE. 504 MIAMI FL 33131

2. Principal Place of Business		3. Mailing Address	
7800 Red Road		1200 Brickell Ave	
Suite, Apt. #, etc.: Suite 218		Suite, Apt. #, etc.: Suite 900	
City & State: Miami Fl		City & State: Miami Fl	
Zip: 33143	Country: 33165	Zip: 33131	Country: USA

4. FEI Number: 65-1076865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVE. STE. 900 MIAMI FL 33131	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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM AMEDIA, FRANK J 1110 BRICKELL AVE., STE. 504 MIAMI FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM The Amadi Companies, LLC 7800 Red Road Suite 218 Miami Fl. 33143 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #