

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000003474

FILED  
Feb 18, 2002 8:00 AM  
Secretary of State

Entity Name: SOFFER CROSSINGS, LLC

**Current Principal Place of Business:**

19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 52-2298342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROMINE, MARIO A  
19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SOFFER, JEFFREY  
Address: 19501 BISCAYNE BOULEVARD, SUITE 400  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: SOFFER, JACQUELYN  
Address: 19501 BISCAYNE BOULEVARD, SUITE 400  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFREY SOFFER

MGRM

02/18/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date