

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0014194

DOCUMENT # L01000003541

1. Entity Name

ACP GLADES LLC



FILED

03 MAY -2 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

444 Brickell Avenue

3. Mailing Address

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 900

Suite, Apt. #, etc.

Suite 2500

City & State

Miami, Florida 3

City & State

Miami, Florida 33131

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number 65-1099711

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Stuart K. Hoffman, Esq.

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

1111 Brickell Avenue, Suite 2500

City

Miami,

FL

Zip Code

33131

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

500017896635

05/02/03--01055--018 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ACP GLADES MANAGER LLC
STREET ADDRESS 701 BRICKELL AVE #3000
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME ACP Glades Manager LLC
STREET ADDRESS 444 Brickell Avenue, Suite 900
CITY-ST-ZIP Miami, Florida 33131 ☒ Change ☐ Addition

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

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

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

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

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

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

Date

Daytime Phone #

CR2E083 (10/02)