

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 026 *****50.00

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DOCUMENT # L01000003568

1. Entity Name

ACP WESTSHORE MANAGER LLC



Principal Place of Business

**701 BRICKELL AVE., STE. 3000
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE., STE. 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

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 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**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
ACP WESTSHORE MANAGER CORP.
STREET ADDRESS
701 BRICKELL AVE., STE 3000
CITY-ST-ZIP
MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
MGR
NAME
ACP Westshore Manager Corp.
STREET ADDRESS
444 Brickell Avenue, Suite 900
CITY-ST-ZIP
Miami, Florida 33131

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **By: ACP Westshore Manager Corp.**

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

Allen C. de Olazarra, President

Date

Daytime Phone #

CR2E083 (10/02)