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

Mailing Address

1111 LINCOLN RD

MIAMI BEACH FL 33139

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 400

## DOCUMENT # L01000004101

Country

6. Name and Address of Current Registered Agent

1. Entity Name

1111 LINCOLN RD

MIAMI BEACH FL 33139

Suite, Apt. #, etc.

City & State

Zip

SUITE 400

200 SE FIRST LAND, LLC

Principal Place of Business

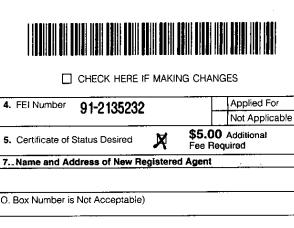
2. Principal Place of Business



**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90026 017 \*\*\*\*55.00

20023084



DATE

CARCINIZIE DAVID

1111 LINCOLN RD	Street Address (P.O. Box Numl	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 400 MIAMI BEACH FL 33139					
	City	FL Zip Code			
. The above named entity submits this statement for the purpose of	changing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept			

Name

Country

the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

				: <u>.</u>			
9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE			Change	☐ Addition
NAME	WERNER, MICHAEL B		NAME				-
STREET ADDRESS	1111 LINCOLN RD #400		STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP				
TITLE	MGRM	☐ Delete	TITLE	•••		Change	☐ Addition
NAME	GARFINKLE, BENJAMIN		NAME				]
STREET ADDRESS	1111 LINCOLN RD #400		STREET ADDRESS				[
CITY-ST-ZIP	MIAMI BEACH FL 33139		C!TY-ST-ZIP			<u>.</u>	
TITLE	MGRM	☐ Delete	TITLE	4		Change	☐ Addition
NAME	GARFINKLE, DAVID		NAME				1
STREET ADDRESS	1111 LINCOLN RD #400		STREET ADDRESS				
CITY; ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP				
TITLE	****	☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME		·		- {
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAMÉ				{
STREET ADDRESS			STREET ADDRESS				1
CITY-ST-ZIP			CITY-ST-ZIP				

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 accorded any fleat 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 legal of the control of the limited liability company or the legal of the limited liability company or the li limited liability company or