

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90018 037 *****50.00

DOCUMENT # L01000004556

1. Entity Name

ENCLAVE NOTTINGHAM, L.L.C.

Principal Place of Business

**C/O MELAND & RUSSIN, P.A.
2420 1ST UNION FIN CTR. 20 S BISCAYNE BLVD
MIAMI FL 33131**

Mailing Address

**C/O MELAND & RUSSIN, P.A.
2420 1ST UNION FIN CTR. 20 S BISCAYNE BLVD
MIAMI FL 33131**

907864



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 NOTTINGHAM CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

City & State

GREENACRES, FL

City & State

4. FEI Number

65-1112265

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

Country

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

**MELAND & RUSSIN, P.A.
2420 FIRST UNION FINANCIAL CTR.
200 S. BISCAYNE BLVD.
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.

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MANAGER
MARK MELAND
200 S. Biscayne Boulevard, #2420
Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MANAGER
PETER RUSSIN
200 S. Biscayne Boulevard, #2420
Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **1/15/02 (305) 358-6363**
Date Daytime Phone #

CR2E083 (9/01)