

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90691 021 ****50.00

0013126

DOCUMENT # L01000004925

1. Entity Name

PADC ROYAL PALM HOLDINGS, LLC



Principal Place of Business

Mailing Address

**701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

**701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

30068330



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

550 Biltmore Way

550 Biltmore Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 970

Suite 970

City & State

City & State

Coral Gables, Fl.

Coral Gables, Fl.

Zip

Country

Zip

Country

33134

Miami-Dade

33134

Miami-Dade

4. FEI Number **65-1094460**

Applied For

Not Applicable

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

**HOFFMAN, STUART-K
1111 BRICKELL AVENUE
SUITE 2500
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. 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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **PEEBLES ATLANTIC DEVELOPMENT CORP.**
STREET ADDRESS **701 BRICKELL AVE. #3000 550 BILTMORE WAY**
CITY-ST-ZIP **MIAMI FL 33131 Suite 970 Coral Gables, FL 33134**

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

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STREET ADDRESS ☐ Change ☐ Addition
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)