## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 02 MAY 24 AM 11: 15 1. Entity Name L01000005220 LC HARBOR REALTY, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 40304 Fisher Island Drive Suite, Apt. #, etc. #40304 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable <u>Fisher Island, Florida</u> Country \$5.00 Additional 33109 5. Certificate of Status Desired USÁ Fee Required 7. Name and Address of Current Registered Agent David Shear DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 201 Alhambra Circle, Suite 601 Coral Gables 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. FEE:IS \$50.00 (4.4) Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. TITLE NAME TITLE Manager Leon Cohen 200005358402 -04/26/02--01032--015 STREET ADDRESS STREET ADORESS 40304 Fisher Island Drive, #40304 CITY-ST-ZIP Fisher Island, Florida 33109 \*\*\*\*600.00 ; \*\*\*\*\*50 00 & TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP шкуж TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i) Florida Statutes. 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 continual 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 603 (Florida Statutes.

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