

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-20-2002 90338 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005486

1. Entity Name
TAUBER REALTY, LLC

Principal Place of Business
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

Mailing Address
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

92633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9700 COLLINS AVE.
Suite, Apt. #, etc.
303
City & State
BAL HARBOUR, FL

3. Mailing Address
9700 COLLINS AVE.
Suite, Apt. #, etc.
303
City & State
BAL HARBOUR, FL

4. FEI Number
65-1103690

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip
33154 Country
DADE/USA

Zip
33154 Country
DADE/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
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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT IRWIN E. TAUBER 9700 COLLINS AVE. #303 BAL HARBOUR, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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: IRWIN E. TAUBER 4/29/2002 305-861-8181