L01000005641

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005641

1. Entity Name

3155 NW 82 AVE ASSOCIATES LLC

FILED

2003 JUN 27 PM 2:22

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8600 NW 36 STREET SUITE 101 MIAMI FL 33166	8600 NW 36 STREET SUITE 101 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3155 NW 82ND AVENUE	3155 NW 82ND AVENUE
Suite, Apt. #, etc. SUITE #101	Suite, Apt. #, etc. SUITE #101
City & State MIAMI FL	City & State MIAMI FL
Zip / Country 33122 / USA	Zip / Country 33122 / USA

4. FEI Number 65-1093704 ☐ 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
~~3155 NW 82 Ave Associates LLC~~ ~~8600 NW 36 STREET~~ 3155 NW 82nd Ave SUITE 101 Suite # 101 ~~MIAMI FL 33166~~ Miami, Fl 33122	Name: THE DORAN JASON GROUP OF FLORIDA, INC Street Address (P.O. Box Number Is Not Acceptable) 3155 NW 82ND AVENUE SUITE #101 City: MIAMI FL Zip Code: 33122

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

900215501480
06/27/03--01041--013 **150.00

MANAGING MEMBERS/MANAGERS		10. MGRM ADDITIONS/CHANGES	
TLE	MGRM	☐ Delete	TITLE: Dwight C Hewett ☐ Change ☒ Addition
ME	JASON, DORAN A		NAME
REET ADDRESS	8600 NW 36 STREET, SUITE 101		STREET ADDRESS: 3155 NW 82nd Ave., Suite 101
TY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP: Miami, Fl 33122
LE		☐ Delete	TITLE: MGRM ☒ Change ☐ Addition
ME			NAME: Doran A Jason
EET ADDRESS			STREET ADDRESS: 3155 NW 82nd Ave Suite #101
Y-ST-ZIP			CITY-ST-ZIP: Miami, Fl 33122
E		☐ Delete	TITLE ☐ Change ☐ Addition
E			NAME
EET ADDRESS			STREET ADDRESS
-ST-ZIP			CITY-ST-ZIP
			900215501480
			05/22/02--00252--001 **50.00
E		☐ Delete	TITLE ☐ Change ☐ Addition
E			NAME
ET ADDRESS			STREET ADDRESS
-ST-ZIP			CITY-ST-ZIP
		☐ Delete	TITLE ☐ Change ☐ Addition
E			NAME
ET ADDRESS			STREET ADDRESS
ST-ZIP			CITY-ST-ZIP
		☐ Delete	TITLE ☐ Change ☐ Addition
			NAME
T ADDRESS			STREET ADDRESS
ST-ZIP			CITY-ST-ZIP

REINSTATEMENT 2002,03

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 REQUIRED Managing Member 5/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (8/01)