2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State
04-04-2002 90086 013 ****50.00

DOCUMENT # L01000005798

1. Entity Name
DESIGN DISTRICT PROPERTY MANAGEMENT, LLC

Principal Place of Business	Mailing Address
100 SE 2ND STREET, 17TH FLOOR MIAMI FL 33131	100 SE 2ND STREET, 17TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3930 NE 2ND AVE	3930 NE 2nd Ave.
Suite, Apt. #, etc. #107	Suite, Apt. #, etc. #107
City & State MIAMI, FL	City & State Miami, FL
Zip 33137 Country USA	Zip 33137 Country USA

4. FEI Number 65-1092437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K ESQ.
100 SE 2ND STREET, 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Juan E. Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th Street, Suite 2550
City: Miami **FL** Zip Code: 33130

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] Juan E. Rodriguez 3-29-02
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		☐ Delete	10. ADDITIONS/CHANGES		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MANAGING MEMBER~~ ~~NEIL ROSEN~~ ~~3930 NE 2ND AVE #107~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER NEIL ROSEN 3930 NE 2ND AVE #107 MIAMI, FL 33137	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	~~TITLE~~ ~~NAME~~ STREET ADDRESS CITY-ST-ZIP	ELIZABETH ROSEN MANAGING MEMBER 3930 NE 2ND AVE #107 MIAMI, FL 33137	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ 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: [signature] SIGNATURE REQUIRED Elizabeth Rosen MANAGING MEMBER 3/18/02 305-576-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #