

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90026 006 \*\*\*\*50.00

**DOCUMENT # L01000006228**

1. Entity Name

**TFL, LLC**



Principal Place of Business

Mailing Address

**700 BRICKELL AVE.  
ATTN: NANCY HALULA  
MIAMI FL 33131**

**700 BRICKELL AVE.  
ATTN: NANCY HALULA  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-6330917**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAGG, K. LAWRENCE  
200 S. BISCAYNE BLVD., SUITE 4900  
WHITE & CASE LLP  
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 **MGRM** ☐ Delete  
NAME **LISA HELLER GREEN & NTBF N. A.**  
STREET ADDRESS **C/O NORTHERN TRUST BANK, 700 BRICKELL**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **LISA HELLER GREEN AND NORTHERN TRUST**  
STREET ADDRESS **BANK OF FLORIDA N.A., AS CO-PERSONAL**  
CITY-ST-ZIP **REPRESENTATIVES OF THE ESTATE OF**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **TOBY FRIEDLAND**  
STREET ADDRESS **C/O NORTHERN TRUST BANK**  
CITY-ST-ZIP **700 BRICKELL AVENUE**  
**MIAMI, FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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: BY SIGNATURE PROVIDED**  
**NORTHERN TRUST BANK OF FLORIDA N.A., CO-PERSONAL REPRESENTATIVE**  
**4/14/2003 305-789-1181**

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

Date

Daytime Phone #

CR2E083 (10/02)