FILED
May 24, 2002 8:00 am
Secretary of State
04-22-2002 90225 023 ****50.00

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DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006377

1. Entity Name

ARPENT REALTY, L.L.C.

Principal Place of Business	Mailing Address
133 SEVILLA C/O ALAN E. KRINZMAN. ESQ. CORAL GABLES FL 33134	133 SEVILLA C/O ALAN E. KRINZMAN: ESQ. CORAL GABLES FL 33134

2. Principal Place of Business		3. Mailing Address	
2601 S. Bayshore Dr.-Ste. 1600		2601 S.Bayshore Dr.-Ste.1600	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Miami Florida		Miami Florida	
City & State		City & State	
~~Miami Florida~~		~~Miami Florida~~	
Zip	Country	Zip	Country
33133	US	33133	US

4. FEI Number 65-1098919 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN E
Adorno & Zeder
2601 S. Bayshore Drive
Suite 1600
Miami, Florida 33133

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 Alan E. Krinzman 4/10/02
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Alan E. Krinzman 2601 S. Bayshore Dr., Suite 1600 ~~Miami, Florida 33133~~ ☐ 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 REQUIRED ALAN E. KRINZMAN 4/10/02 (305) 860-7360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #