

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009464

1. Entity Name

ISLAND CLUB TOWERS LLC

Principal Place of Business

Mailing Address

701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131

2. Principal Place of Business

9700 COLLINS AVE.

3. Mailing Address

9700 COLLINS AVE

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City &amp; State

BAL HARBOUR, FL

City &amp; State

BAL HARBOUR, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. FEI Number

65-1116302

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE. SUITE 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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
IRWIN E. TAUBER  
9700 COLLINS AVE. #303  
BAL HARBOUR, FL 33154☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

10. ADDITIONS/CHANGES

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

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

IRWIN E. TAUBER

4/29/2002

305-861-8181

Date

Daytime Phone #

CR2E083 (9/01)