

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90143 004 ****50.00

DOCUMENT # L01000010483

1. Entity Name

KARLTON CC GP, LLC

Principal Place of Business

**1800 SUNSET HARBOUR DRIVE
 SUITE 2
 MIAMI BEACH FL 33139**

Mailing Address

**1800 SUNSET HARBOUR DRIVE
 SUITE 2
 MIAMI BEACH FL 33139**

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

02-0584496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL R. PATERNACK, P.A.
 200 SOUTH BISCAYNE BLVD.
 SUITE 2500
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Charles H. Ratner, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
214 Leslie Robert Evans & Associates, P.A.

214 Brazilian Ave, Suite - 200

City **Palm Beach** FL Zip Code **33480**

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 **MGRM** ☐ Delete
 NAME **John S. Karlton**
 STREET ADDRESS **1800 Sunset Harbor Dr. #2**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **MGRM** ☐ Delete
 NAME **Fredric N. Karlton**
 STREET ADDRESS **1800 Sunset Harbor Dr. #2**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

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

Date

Daytime Phone #

CR2E083 (9/01)