

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90389 040 ****50.00

DOCUMENT # L01000010484

1. Entity Name

KARLTON CC INVESTORS, 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

65-1125249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL R. PASTERNAK, 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)
elo Lester Robert Ewins & 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

10.

ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **KARLTON CC GP, LLC**
 STREET ADDRESS **1800 Sunset Harbor Drive #2**
 CITY-ST-ZIP **Miami Beach, FL 33139**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

**(305)
 532-
 2400**

CR2E083 (9/01)

Karltan Properties, LLC

1800 Sunset Harbour Drive • Suite 2 • Miami Beach, Florida 33139
Tel: (305) 532-2900 • Fax: (305) 532-3332

Attachment
955861

#201000010484

April 2, 2002

IRS
Attn: Entity Department
Ogden, Utah 84201

Re: **KARLTON CC INVESTORS, LLC**
FEIN #65-1125249

Dear Sir or Madam:

Per my assistant's conversation with your offices, this letter will serve as written notification that at the time of filing of the SS-4 for the above referenced entity, the applicant name was filled in inaccurately.

The name filled in as the applicant was "Karltan Investors, LLC." The correct name of the entity is "Karltan CC Investors, LLC." I have enclosed for your reference a copy of the formation documents. Please make this revision and send us confirmation for our records.

If you require any further information to implement this request, please do not hesitate to contact my office.

Sincerely,

KARLTON CC INVESTORS, LLC

By: **KARLTON CC INVESTORS GP, LLC**
Managing Member

By: 
Fredric N. Karltan, Authorized Person

FNK/rmj
Enclosures

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IRS
Attn: Entity Dept.
Ogden, Utah 84201

COMPLETE THIS SECTION ON DELIVERY

A. Signature **RECEIVED** ☐ Agent ☐ Addressee

B. Received by: (Printed Name), 01 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

16904381

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7000 0520 0014 4996 1882

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509