

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010520

1. Entity Name

PATRONIS MONTANDON OAKS LLC

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90193 034 ****50.00

Principal Place of Business

2601 S. BAYSHORE DRIVE
SUITE 1775
COCONUT GROVE FL 33133

Mailing Address

2601 S. BAYSHORE DRIVE
SUITE 1775
COCONUT GROVE FL 33133

86950

2. Principal Place of Business

400 PARK AVE

Suite, Apt. #, etc.

1420

City & State

NY NY

Zip

10022

Country

USA

3. Mailing Address

400 PARK AVE

Suite, Apt. #, etc.

1420

City & State

NY NY

Zip

10022

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1110254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 ☒ Anthony T. Niosi ☐ Delete
STREET ADDRESS 400 PARK AVE SUITE 1420
CITY-ST-ZIP NY NY 10022

TITLE NAME ☒ D. THOMAS McDANIEL ☐ Delete
STREET ADDRESS 400 PARK AVE SUITE 1420
CITY-ST-ZIP NY NY 10022

TITLE NAME ☐ ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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]*

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

4/25/02

646-497-0167

Daytime Phone

CR2E083 (9/01)