

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90027 017 \*\*\*\*\*50.00

**DOCUMENT # L01000011790**

1. Entity Name

**MARGOLIS COMPANY KEY BISCAYNE, LLC**



Principal Place of Business

**750 COLLINS AVENUE  
SUITE 300  
MIAMI BEACH FL 33139  
US**

Mailing Address

**P.O. BOX 190561  
MIAMI BEACH FL 33119  
US**



2. Principal Place of Business

**6738 W. Sunrise Blvd.**

3. Mailing Address

**6738 W. Sunrise Blvd.**

Suite, Apt. #, etc.

**Suite 105**

Suite, Apt. #, etc.

**#105**

City & State

**Plantation, Florida**

City & State

**Plantation, Florida**

Zip

**33313**

Country

**USA**

Zip

**33313**

Country

**USA**

4. FEI Number

**65-1123502**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARGOLIS GRAL, LLC  
750 COLLINS AVENUE  
SUITE 300  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

**Margolis Gral, LLC**

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

**6738 W. Sunrise Blvd.**

**#105**

City

**Plantation**

FL

Zip Code

**33313**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

**MGRM** ☐ Delete  
**MARGOLIS COMPANY, LTD.**  
**750 COLLINS AVENUE, SUITE 300**  
**MIAMI BEACH FL 33139**

10. ADDITIONS / CHANGES

☒ Change ☐ Addition  
**6738 W. Sunrise Blvd #105**  
**Plantation, FL 33313**

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

TITLE NAME ☐ Delete  
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:

**Peter Margolis**

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

Date

Daytime Phone #

CR2E083 (10/02)