FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90039 013 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012897

1. Entity Name
ZIRLIN & ROUNSAVILLE PROPERTY TAX ADVISORS, PL

Principal Place of Business	Mailing Address
901 N.E. 2ND AVENUE, SUITE 1200 MIAMI, FL 33132	8950 SW 197 ST MIAMI, FL 33157

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8950 SW 197 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Miami Fl			
City & State		City & State	
Zip 33157	Country USA	Zip	Country

4. FEI Number 65-1124374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID ROYCE ROUNSAVILLE 8950 SW 197 ST MIAMI, FL 33157	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. 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIRLIN, ALAN ~~901 NE 2 AVE~~ ~~MIAMI, FL 33132~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Zirlin, Alan 8950 SW 197 ST. Miami FL 33157	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUNSAVILLE, DAVID R 8950 SW 197 ST MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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] 2/26/03 305-987-4769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)