


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90321 017 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L01000013357</b>            |  |
| 1. Entity Name<br><b>MSB BUILDERS LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>10598 NW S. RIVER DRIVE<br/>MIAMI FL 32127</b> | Mailing Address<br><b>10598 NW S. RIVER DRIVE<br/>MIAMI FL 32127</b> |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent |  |
|---|--|

|   |  |
|---|--|
| <b>RYNOR, JEFFREY A.</b><br><b>MITRANI, ROYNOR, ADAMSKY, &amp; MACAULAY</b><br><b>ONE SOUTHEAST THIRD AVENUE STE. 2200</b><br><b>MIAMI FL 33131</b> |  |
|---|--|

|                                 |  |
|---------------------------------|--|
| 4. FEI Number <b>59-3737075</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent |  |
|---|--|

|  |                    |
|--|--------------------|
| Name   |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| City   | <b>FL</b> 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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b> |  |
|--|--|

|                              |  |
|------------------------------|--|
| 9. MANAGING MEMBERS/MANAGERS |  |
|------------------------------|--|

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>JR CREATIVE BUILDERS</b><br><b>PO BOX 565697</b><br><b>MIAMI FL 33256-5697</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>MIRANDA, WILLIAM</b><br><b>10598 NW S. RIVER DRIVE</b><br><b>MIAMI FL 32127</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>SIMON, STEVE</b><br><b>1 SE 3RD AVENUE #2110</b><br><b>MIAMI FL 33131</b>       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|                       |  |
|-----------------------|--|
| 10. ADDITIONS/CHANGES |  |
|-----------------------|--|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>William J. Miranda</i>  | 1/16/03 3058831920 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Daytime Phone #    |

CR2E083 (10/02)