

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90009 045 \*\*\*\*50.00

**DOCUMENT # L01000013839**

1. Entity Name  
**19TH TERRACE APARTMENTS, LLC**



Principal Place of Business  
**168 SE 1ST ST., STE. 803  
MIAMI FL 33131**

Mailing Address  
**P.O. BOX 110223  
MIAMI FL 33111**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number **65-1131226**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**DEEB, KEVIN L ESQ.**  
**2350 CORAL WAY, STE. 401**  
**MIAMI FL 33145-3536**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SHERMAN, JEFF	168 SE 1ST ST., STE. 803	MIAMI FL 33131	<input type="checkbox"/>
MGRM	POMBO, MARTIN	223 E. FLAGLER STREET M-1	MIAMI FL 33132	<input type="checkbox"/>
MGRM	BAGUEAR, SUSANA	223 E. FLAGLER STREET M-1	MIAMI FL 33132	<input type="checkbox"/>
MGRM	AMINON, ABRAM	55 NE FIRST STREET #14	MIAMI FL 33132	<input type="checkbox"/>
MGRM	SHERMAN, THELMA	168 SE FIRST STREET #803	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **3/6/03 3053750720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)