

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90038 026 ****50.00

0018960

DOCUMENT # L01000014108

1. Entity Name

11705 BISCAYNE BLVD. L.L.C.



Principal Place of Business

Mailing Address

9429 HARDING AVE.
SURFSIDE FL 33154

9429 HARDING AVE.
SURFSIDE FL 33154

2. Principal Place of Business

11705 BISCAYNE BLVD

3. Mailing Address

11705 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1132193

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES



Zip

33181

Country

USA

Zip

33181

Country

USA

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ.
2875 NE 191 STREET
SUITE 801
AVENTURA FL 33180

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

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

TITLE: MGRM
NAME: NAPARSTEK, ROBERTO DANIEL
STREET ADDRESS: 9429 HARDING AVE.
CITY-ST-ZIP: SURFSIDE FL 33154
 Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
 Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
 Delete

10. ADDITIONS/CHANGES

TITLE: _____
NAME: _____
STREET ADDRESS: 11705 BISCAYNE BLVD
CITY-ST-ZIP: MIAMI, FL 33181
 Change Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
 Change Addition

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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
 Change Addition

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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)