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

## DOCUMENT # L01000014210

1. Entity Name

HAHN BUILDING, L.L.C.



## **FILED** Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90027 031 \*\*\*\*50.00

Signature, typen or printed name of registered agent and she if applicable.   (NOTE Registered Agent supraeur required when renetating)		,			WE LESS				
### Principal Place of Business    Surse, Apr. #, etc.	Principal Plac	ce of Business	Mailing Address	·············	•				
Suite, Apr. 4, sic.    Suite, Apr. 4, sic.   Suite, Apr. 4, sic.   Country   Suite, Applicable   Sc. 00, Applicable   Sc									
Suite, Apr. W. etc.   Suite, Apr. W. etc.   Suite, Apr. W. etc.   Cry & State   A. FEI Humber   65-1131228   Application   Not Applicati	MIAMI FL 3313	វា	MIAMI FL 33111						
Suite, Apr. W. etc.   Suite, Apr. W. etc.   Suite, Apr. W. etc.   Cry & State   A. FEI Humber   65-1131228   Application   Not Applicati									
City & State  Ci	2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			10111 BB111 0010 111		
Applied For	Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		רוברע טבני <u>ו</u>	DE 1E MAKING	CHANGES.	s ·
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required				•				CHANGES	·
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  S. 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 agent, or both, in the State of Florida. 7 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 7 am familiar with, and accept the obligations of registered agent.  SIGNATURE  SI	City & State		City & State	City & State		03 1131220			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Cty  FL  Zip Code  C	Zip Country		Zip	Zip Country		F 0-45-44-4044 D			<del></del>
SHERMAN, JEFF 188 SE 1ST ST, SUITE 803 MIAMI FL 33131  City FL Zip Code  City FL Zip							, <u></u>	Fee Require	
SHERMAN, JEFF 188 SE IST ST., SUITE 803 MIAMI FL 33131  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of State    SIGNATURE		6. Name and Address of	Current Registered Agent	Name		7. Name and Address of New	Registered A	gent	
MIAMI FL 33131  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 chigations of registered agent.  **SIGNATURE***    File Now!!! FEE IS \$50.00							<del></del>	<del></del>	
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   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Sign				Street	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	MILA	MI FL 33131							
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. 1 am familiar with, and accept the obligations of registered agent.    SIGNATURE				City			Et	Zip Cor	de
SIGNATURE    Signature typed or preed come of registered agent and size if applicable.   NAME   Policia	8. The above	named entity submits this stat	tement for the purpose of changing its	registered office o	r registere	ed agent or both in the State of		miliar with	and accept
Signature, typed or printed name of registered agent and side it applicable.   CNOTE: Projected agent auginative mecunical when revietating)   DATE	the obligat	tions of registered agent.		*	i registere	su agent, or both, in the state of	rivilua. Laitti	iii iiicii witii,	, and accept
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  S. MANAGING MEMBERS / MANAGERS  TILE  MARK  SHERMAN, JEFF  168 SE 1 STREET #803  CITY-ST-2P  MAMI FL 33131  TILE  MARK  SHERMAN, BERTA  STREET ADDRESS  CITY-ST-2P  MAMI FL 33131  CITY-ST-2P  MILE  MAME  SIREET ADDRESS  CITY-ST-2P  MILE  MAME  SIREE	SIGNATURE								
S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM SHERMAN, JEFF   Delete   TITLE   MGRM   Change   Addition   SIREET ADDRESS   STREET #803   STREET ADDRESS   STREET STREE		Signature, typed or printed name of regis				when reinstating)	DATE		
Due By May 1, 2003							·		
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM SHERMAN, JEFF   Delete   TITLE   MGRM   SHERMAN, JEFF   Grange   Addition   Make   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33131   TITLE   MGRM   Delete   TITLE   MGRM   GRANGE   MIAMI FL 33131   MI			-		-	nt of State			
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		ertify that the information area	alied with this filing does not available		tod in Co	tion 110.07/9\/i\ Fleside Oct.	1 frankla ''	6. 45-24 1	

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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

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