

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015463

1. Entity Name

ASB AVENTURA HOLDING COMPANY, L.L.C.



FILED

2003 MAR 10 AM 11:05

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

C/O ASB CAPITAL MANAGEMENT  
1101 PENNSYLVANIA AVE., NW  
WASHINGTON DC 20004

Mailing Address

C/O ASB CAPITAL MANAGEMENT  
1101 PENNSYLVANIA AVE., NW  
WASHINGTON DC 20004

2. Principal Place of Business

1919 M Street, NW

3. Mailing Address

1919 M Street, NW

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

City & State

Washington, DC

City & State

Washington, DC

Zip

20036

Country

U.S.A.

Zip

20036

Country

U.S.A.

4. FEI Number

73-3044549

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 MGR ☐ Delete  
NAME DOPP, J. MICHAEL  
STREET ADDRESS 1101 PENNSYLVANIA AVE., NW STE 300  
CITY-ST-ZIP WASHINGTON DC 20004

TITLE MGR ☐ Delete  
NAME SICKSON, DAINE L  
STREET ADDRESS 1101 PENNSYLVANIA AVE., NW STE 300  
CITY-ST-ZIP WASHINGTON DC 20004

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400013039464  
CITY-ST-ZIP 02/24/03--01082--004 \*\*50.00

TITLE ☒ Change ☐ Addition  
NAME DICKSON, DIANE L.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Diane Dickson, Manager

2/21/03

(202) 383-6394

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

Date

Daytime Phone #

CR2E083 (10/02)

Re-Submitted 3/7/03