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

## Jan 29, 2003 8:00 am Secretary of State DOCUMENT # L01000015748 01-29-2003 90059 020 \*\*\*\*50.00 MARKET REALTY GROUP, LLC Principal Place of Business Mailing Address 1111 LINCOLN ROAD 1111 LINCOLN ROAD 20020030 SUITE 400 SUITE 400 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1140158 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ಾಕರ್ - . BELOFF, JONATHAN D Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH FL 33139 City 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, 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 10. ADDITIONS/CHANGES CR2E083 (10/02) **MBRM** TITLE ☐ Delete TITLE Change ☐ Addition NAME BELOFF, JONATHAN D NAME STREET ADDRESS STREET ADDRESS 1111 LINCOLN ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change 🔲 Addition NAME NAME - - == STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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.

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

1/23/01

Date

305-673-1101]

Daytime Phone #

FILED