

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90232 044 ****50.00

DOCUMENT # L01000015802



1. Entity Name
2215 N. MIAMI CT., LLC

Principal Place of Business Mailing Address
21 SE 1 AVENUE STE 300 MIAMI FL 33131

20009355



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-1139311** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAKOWITZ, ALAN
1111 KANE CONCOURSE STE 401
BAY HARBOR ISLANDS FL 33154

Name **Abe Franco**
Street Address (P.O. Box Number is Not Acceptable)
21 S.E. 1ST AVE
3rd Floor
City **Miami** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Abe Franco* **ABE FRANCO** **1/7/03**
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

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	FRANKO, ABE	
CITY-ST-ZIP	21 S.E. 1 AVE #300	
	MIAMI FL 33131	
TITLE NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	BEDA, RONNY	
CITY-ST-ZIP	21 S.E. 1 AVE	
	MIAMI FL 33131	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Abe Franco* **SIGNATURE REQUIRED** **1/7/03** **305-394-1169**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)