

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

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90201 014 \*\*\*455.00

DOCUMENT # LO1 000016712 ✓

1. Entity Name

SOUTH KENDALL INVESTORS LLC

**DO NOT WRITE IN THIS SPACE**

968430

2. Principal Place of Business

2627 IVES DAIRY ROAD

3. Mailing Address

2627 IVES DAIRY ROAD

Suite, Apt. #, etc.

SUITE 118

Suite, Apt. #, etc.

SUITE 118

City & State

AVENTURA FL

City & State

AVENTURA, FL

4. FEI Number

65-1150559

Applied For

Not Applicable

Zip

Country

33180 USA

Zip

Country

33180 USA

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable)

ONE HARBOUR PLACE

777 SOUTH HARBOUR ISLAND BLVD.

City

TAMPA

FL

Zip Code

33602

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

ROBERT L. SHAPIRO, MGRM

DATE

5-24-02

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	<u>MGRM</u>
NAME	<u>ROBERT L. SHAPIRO</u>
STREET ADDRESS	<u>2627 IVES DAIRY ROAD</u>
CITY-ST-ZIP	<u>2627 IVES DAIRY ROAD</u>
TITLE	<u>SUITE 118</u>
NAME	<u>AVENTURA, FL 33180</u>
STREET ADDRESS	<u>AVENTURA, FL 33180</u>
CITY-ST-ZIP	<u>AVENTURA, FL 33180</u>
TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this report 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-24-02 305-984-8980

ROBERT L. SHAPIRO, MANAGER MEMBER

CR2E083B (12/01)