

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000017853

FILED
Apr 15, 2002 8:00 AM
Secretary of State

Entity Name: 5100 LLC

Current Principal Place of Business:

1709 GRANADA BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

1000 PONCE DE LEON BLVD.
SUITE 311
CORAL GABLES, FL 33134

Current Mailing Address:

1709 GRANADA BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

P. O. BOX 140309
CORAL GABLES, FL 33114

FEI Number: 65-1147592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIZABETH CELESTRIN CORREA
1709 GRANADA BLVD.
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

CORREA, ELIZABETH C
1000 PONCE DE LEON BLVD.
SUITE 311
CORAL GABLES, FL 33134

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: ELIZABETH C. CORREA

04/15/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CORREA, ELIZABETH C
Address: 1000 PONCE DE LEON BLVD., SUITE 311
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: CORREA, JOSE D
Address: 1000 PONCE DE LEON BLVD., SUITE 311
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ELIZABETH C. CORREA

MGRM

04/15/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date