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

## DOCUMENT # L01000018123

## SEZ WHO THOROUGHBREDS SOUTH, LLC



Principal Place of Business Mailing Address 19707 TURNBERRY WAY 19707 TURNBERRY WAY **TOWER SUITE 4 TOWER SUITE 4** AVENTURA FL 33180 **AVENTURA FL 33180** 2. Princip Suite, City & Zip

## FILED Jan 14, 2003 8:00 am Secretary of State

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2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
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		Odite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		<del></del>					
		City & State	City & State		4. FEI Number 65-1149507		
Zip					4. Fer Number 65-1148507	Applied For	
	Country	Zip	Cou	ntry		Not Applicable	
			1 000	rai y	5. Certificate of Status Desired	\$5.00 Additional	
6.	Name and Address of Cu	rrent Registered Agent		<del></del>	<u></u>	Fee Required	
LICKSTEIN, FRED K ESQ. 100 S.E. 2ND STREET				7. Name and Address of New Registered Agent Name			
17TH FLOO MIAMI FLOO	OR	er are i.	A tell of the second		Street Address (P.O. Box Number is Not Acceptable)		
MIN-MAIL LE	20101			}	· · · · · · · · · · · · · · · · · · ·		
				City			
8. The above named the obligations of	entity submits this stateme	ent for the purpose of changing	g its registere	ad office or regist	Tered agent, or both, in the State of Florida. I an	Zip Code	
	registered agent.	•	9.2.5.	o onice or regist	lered agent, or both, in the State of Florida. I an	n familiar with, and accept	
SIGNATURE						, = 35 555	
Signature	typed or printed name of registered a	agent and title if applicable	NOTE B			ļ	
		(1	NOTE: Registered	Agent signature requir	red when reinstating) DATE	<del></del> }	
		1					

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS 10. TITLE MGR ADDITIONS/CHANGES Delete TITLE NAME SIMON, RICHARD ☐ Change CR2E083 (10/02) ☐ Addition NAME STREET ADDRESS 19707 TURNBERRY WAY TOWER STE 4 STREET ADDRESS CITY-ST-ZIP <u>AVENTURA FL 33180</u> CITY-ST-ZIP TITLE ☐ Delete NAME TITLE ☐ Change ☐ Addition STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -----NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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1. 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.

IGNATURE:

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

Date

☐ Addition