L02000018230

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100018230

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 29 PM 1:31

1. Entity Name

South Beach Boat Club, LLC

REINSTATEMENT 2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1220 21 Street	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State
Zip: 33140 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jorge H. Ramos

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

2250 SW 3rd Avenue

City: Miami FL Zip Code: 33129

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: _____ Jorge H. Ramos 10-25-02

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

900008730759
10/31/02--01072--013 **150.00

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Greg Love, Mnaging Member 1220 21 Street Miami Beach, Florida 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Peter Glint, Managing Member 2625 Cedar Green Minnitonka, Minnesota 55305
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CR2E083B (12/01)

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: _____ Jorge H. Ramos, Auth. Agent 10-25-02 305-856-0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #