

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90204 034 \*\*\*\*50.00

**DOCUMENT # L01000018531**

1. Entity Name  
**RYANWOOD SHOPPING CENTER, L.L.C.**

Principal Place of Business <b>C/O ALAN J. MARCUS 20803 BISCAYNE BLVD., STE. 301 AVENTURA FL 33180</b>	Mailing Address <b>C/O ALAN J. MARCUS 20803 BISCAYNE BLVD., STE. 301 AVENTURA FL 33180</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>1696 NE Miami Gardens Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>2nd floor</b>
City & State	City & State <b>N. Miami Beach FL</b>
Zip	Zip <b>33180</b>
Country	Country <b>Miami Dade</b>

4. FEI Number <b>65-1149161</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent

**MARCUS, ALAN J  
20803 BISCAYNE BLVD., STE. 301  
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>EQUITY ONE REALTY &amp; MANAGEMENT, INC.</b>	
STREET ADDRESS <b>1696 NE MIAMI GARDENS DR.-DORON VALERO</b>	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33179</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.

SIGNATURE: **ALAN J. MARCUS** Date: **4/23/02** Daytime Phone #: **305 937-1800**

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