

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000018711

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: LIGHTHOUSE BAY APARTMENTS, LLC

Current Principal Place of Business:

300 N.W. 12TH AVENUE
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

300 N.W. 12TH AVENUE
MIAMI, FL 33128

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOMINGUEZ, AGUSTIN
300 N.W. 12TH AVENUE
MIAMI, FL 33128

Name and Address of New Registered Agent:

MARTORANO, SALVATORE
300 N.W. 12TH AVENUE
MIAMI, FL 33128

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: SALVATORE MARTORANO

01/09/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DOMINGUEZ, AGUSTIN
Address: 300 NW 12 AVE
City-St-Zip: MIAMI, FL 33128 US

Title: MGRM () Change (X) Addition
Name: MARTORANO, SAL
Address: 300 NW 12 AVE
City-St-Zip: MIAMI, FL 33128 US

Title: MGRM () Change (X) Addition
Name: REVALES, RONALD
Address: 300 NW 12 AVE
City-St-Zip: MIAMI, FL 33128 US

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: SAL MARTORANO

MGRM

01/09/2002

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