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# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018847  
1. Entity Name  
134TH AVENUE LLC

**FILED**

02 AUG -5 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600006951426--7  
-08/07/02--01064--021  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**SEE ATTACHED**  
Suite, Apt. #, etc.

3. Mailing Address  
**SEE ATTACHED**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
Applied For  
 Not Applicable

Zip

Country

Zip

Country

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  
Corporation Company of Miami  
Street Address (P.O. Box Number is Not Acceptable)  
1600 Miami Center, Suite 1500 (TF)  
201 S. Biscayne Blvd..  
City  
Miami FL Zip Code  
33131

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.

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	See Attached
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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: Jerry Strong 8-1-02 415-835-9279  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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As to blocks 2 and 3: Principal and Mailing Address

c/o GMAC Commercial Mortgage Corp.  
550 California Street, 12<sup>th</sup> Floor  
San Francisco, California 94104

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

As to block 9:

Manager

LASALLE BANK NATIONAL ASSOCIATION,  
as Trustee for Certificateholders of DLJ Commercial  
Mortgage Corp., Commercial Mortgage Pass-Through  
Certificate Series 1998-STF2

GMAC Commercial Mortgage Corp., Its  
Special Servicer

Address: c/o GMAC Commercial Mortgage Corp.  
550 California Street, 12th Floor  
San Francisco, CA 94104