

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90047 004 ****50.00

DOCUMENT # L01000019121

1. Entity Name

INDUSTRIAL PROPERTY VENTURES, L.C.



Principal Place of Business

Mailing Address

C/O LORI EISENBERG
PMB 289, 1440 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33071

C/O LORI EISENBERG
PMB 289, 1440 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1148989**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING ESQ.
BANK OF AMERICA TOWER
100 SOUTHEAST 2ND STREET, SUITE 3020
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

BARRY DIAMOND, ESQ.

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

9728 West Sample Rd.

City

Coral Springs

FL

Zip Code

33065

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. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
EISENBERG, LORI
PMB 289, 1440 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
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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: *Lori Eisenberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/03
Date

954 755 1212
Daytime Phone #

CR2E083 (10/02)