

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90021 039 \*\*\*\*50.00

**DOCUMENT # L01000019269**

1. Entity Name

1361 N.E. FIRST AVENUE, LLC



Principal Place of Business

226 WEST RIVO ALTO  
C/O AVRA JAIN  
MIAMI BEACH FL 33139

Mailing Address

226 WEST RIVO ALTO  
C/O AVRA JAIN  
MIAMI BEACH FL 33139

2. Principal Place of Business

3211 Ponce de Leon Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 305

City & State  
Coral Gables, FL

City & State

Zip  
33145

Country  
US

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0001566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.  
1221 BRICKELL AVE. SUITE 2100  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

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. I am familiar with, and accept the obligations of 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

TITLE MGR ☐ Delete  
NAME JAIN, AVRA  
STREET ADDRESS 226 WEST RIVO ALTO  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MGR ☐ Delete  
NAME SCHWALBE, PETER  
STREET ADDRESS 185 MADISON AVE., SUITE 1700  
CITY-ST-ZIP NEW YORK NY 10016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

1/14/03

CR2E083 (10/02)