

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90691 046 \*\*\*\*50.00

DOCUMENT # L01000019726

1. Entity Name

THE PRESERVE AT SAN LUIS, LLC



**DO NOT WRITE IN THIS SPACE**

30068305

2. Principal Place of Business  
3225 Aviation Avenue

3. Mailing Address  
3225 Aviation Avenue

Suite, Apt. #, etc.  
Suite 700

Suite, Apt. #, etc.  
Suite 700

DO NOT WRITE IN THIS SPACE

City & State  
Coconut Grove, FL

City & State  
Coconut Grove, FL

4. FEI Number 65-1151448

Applied For  
Not Applicable

Zip  
33133

Country  
USA

Zip  
33133

Country  
USA

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 Randy Rieger c/o Housing Trust Group, Inc.

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

3225 Aviation Avenue, 7th Floor

City Coconut Grove, FL

FL

Zip Code  
33133

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	Stewart Marcus	3225 Aviation Avenue, 7th Floor	Coconut Grove, FL 33133				
MGRM	Randy Rieger	3225 Aviation Avenue, 7th Floor	Coconut Grove, FL 33133				
MGR	W. Peter Temling	3225 Aviation Avenue, 7th Floor	Coconut Grove, FL 33133				
MGR	Wayne O. Norris	3225 Aviation Avenue, 7th Floor	Coconut Grove, FL 33133				
MGR	John Leoni	312 Millbranch Road	Tallahassee, FL 32312				

**DO NOT WRITE  
IN THIS SPACE**

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:

*W. Peter Temling*

W. PETER TEMLING

4/30/03

(305) 860-8188

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

Date

Daytime Phone #

CR2E083B (12/02)