FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 12, 2002 8:00 am Secretary of State DOCUMENT # L01000020296 05-20-2002 90338 001 \*\*\*150.00 1. Entity Name **BISCAYNE COMMONS, LLC** Principal Place of Business Mailing Address 701 BRICKELL AVE. 701 BRICKELL AVE. 92634 SUITE 3000 SUITE 3000 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 9700 Collins 9700 Collins AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 303 303 4. FEi Number Applied For HARBOUK. Not Applicable Country C.S.A \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE. SUITE 3000 MIAM! FL 33131 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. (10/6) TITLE PRESIDENT Delete TITLE ☐ Change ☐ Addition IDWINE. TAUBER NAME NAME 9700 Collins Ave. # 303 CR2E083 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP BAI HARBOUR FL 33154 ☐ Delete THE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete TITLE TITLE · Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 flability company prithe receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE