

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90022 027 ****50.00

DOCUMENT # L01000020874

1. Entity Name

SOUTHPROP, LLC

DO NOT WRITE IN THIS SPACE

051014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4675 Ponce de Leon Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

City & State

City & State

Coral Gables, Florida

4. FEI Number

65-1159609

Applied For

Not Applicable

Zip

Country

Zip

Country

33146

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tracey Skinner Brown, Esq.

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

4675 Ponce de Leon Blvd.

Suite 305

City

Coral Gables

FL

Zip Code

33146

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IN THIS SPACE**

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

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

DATE

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
Managing Member
Truman A. Skinner
4675 Ponce de Leon Blvd., Suite 305
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Harold D. White
1390 S. Dixie Highway, Suite 1390
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Carrie A. Henderson
8201 S.W. 94th Street
Miami, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

Truman A. Skinner, Mang. Member 4/23/02 305-667-7571