

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90060 002 ****55.00

DOCUMENT # L01000020874

1. Entity Name
SOUTHPROP, LLC



Principal Place of Business

Mailing Address

**4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146**

**4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146**

20021499



2. Principal Place of Business

3. Mailing Address

2199 Ponce de Leon Blvd

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State
Coral Gables FL

City & State
Coral Gables FL

4. FEI Number **65-1159609**

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired

☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, TRACEY S. ESQ.
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146**

Name

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

2199 Ponce de Leon Blvd

Suite 301

City **Coral Gables**

FL

Zip Code

33134

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

Tracey S. Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-03

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
**MGRM
SKINNER, TRUMAN A
4675 PONCE DE LEON BLVD, SUITE 305
CORAL GABLES FL 33146**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2199 Ponce de Leon Blvd, Ste 301
Coral Gables FL 33134**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITE, HAROLD D
1390 S DIXIE HIGHWAY, SUITE 1390
CORAL GABLES FL 33146**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 2123

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HENDERSON, CARRIE A
8201 SW 94TH STREET
MIAMI FL 33154**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Truman A. Skinner

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

1/24/03 305-444-8807

Date

Daytime Phone #

CR2E083 (10/02)