

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90117 009 \*\*\*\*50.00

**DOCUMENT # L01000021067**

1. Entity Name  
**2420 GARDENS, L.L.C.**

Principal Place of Business <del>2600 SOUTH DOUGLAS ROAD</del> <del>SUITE 911 DOUGLAS CENTER</del> <del>CORAL GABLES FL 33134</del>	Mailing Address <del>2600 SOUTH DOUGLAS ROAD</del> <del>SUITE 911 DOUGLAS CENTER</del> <del>CORAL GABLES FL 33134</del>
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2. Principal Place of Business <b>2600 S. DOUGLAS ROAD</b>	3. Mailing Address <b>15105 NW 77<sup>th</sup> AVE.</b>
Suite, Apt. #, etc. <b>SUITE 908</b>	Suite, Apt. #, etc. <b>SUITE 303</b>
City & State <b>CORAL GABLES, FL</b>	City & State <b>MIAMI LAKES, FL</b>
Zip <b>33134</b>	Country <b>USA</b>
Zip <b>33014</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GREENFIELD, ALAN E**  
~~2600 SOUTH DOUGLAS ROAD~~  
~~SUITE 911 DOUGLAS CENTER~~  
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**15105 NW 77 AVE SUITE 303**  
 City **MIAMI LAKES** FL Zip Code **33014**

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 *Alan E. Greenfield*  
 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 Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> <b>ALAN E. GREENFIELD</b> <b>15105 NW 77 AVE, SUITE 303</b> <b>MIAMI LAKES, FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alan E. Greenfield* **9/23/02** **(705) 557-7286**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)