

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
~~2600 SOUTH DOUGLAS ROAD~~
~~SUITE 911 DOUGLAS CENTER~~
~~CORAL GABLES FL 33134~~

Mailing Address
~~2600 SOUTH DOUGLAS ROAD~~
~~SUITE 911 DOUGLAS CENTER~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business
2600 S. DOUGLAS ROAD
 Suite, Apt. #, etc.
SUITE 908

3. Mailing Address
15105 NW 77th AVE.
 Suite, Apt. #, etc.
SUITE 303

City & State
CORAL GABLES, FL

City & State
MIAMI LAKES, FL

Zip Country
33134 USA

Zip Country
33014 USA

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, ALAN E
~~2600 SOUTH DOUGLAS ROAD~~
~~SUITE 911 DOUGLAS CENTER~~
~~CORAL GABLES FL 33134~~

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 *[Signature]*

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

10. ADDITIONS/CHANGES

TITLE Delete
MANAGER
 NAME **ALAN E. GREENFIELD**
 STREET ADDRESS **15105 NW 77 AVE, SUITE 303**
 CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/23/02 (705) 557-7286
 Date Daytime Phone #

CR2E083 (4/02)