

# 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 77<sup>th</sup> 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  
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 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)