

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021085

1. Entity Name

AVENTURA LAND INVESTORS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -8 PM 1:18

WL 4/8

Principal Place of Business

2627 IVES DAIRY ROAD
SUITE 118
AVENTURA FL 33180

Mailing Address

2627 IVES DAIRY ROAD
SUITE 118
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-3019268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CFRA, LLC
ONE HARBOUR PLACE
777 SOUTH HARBOUR ISLAND BLVD.
TAMPA FL 33602

7. Name and Address of New Registered Agent

blame
PENINSULA REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
200 BISCAYNE BLVD
48th FLOOR
City **MIAMI** FL Zip Code **33131**

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 By: *Debra Palmisano*

April 4, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Debra Palmisano, Vice President

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

200015644162
04/03--01041--016 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM SHAPIRO, ROBERT L MGRM
STREET ADDRESS **2627 IVES DAIRY ROAD, SUITE 118**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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:

Robert L. Shapiro

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

Robert L. Shapiro, Manager/Member

Date

Daytime Phone #

4-1-03 305-936-8380

CR2E083 (10/02)