

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90257 006 \*\*\*\*50.00

**DOCUMENT #** L01000021227

1. Entity Name  
**MAC BAL HARBOUR, LLC**

**DO NOT WRITE IN THIS SPACE**

**967845**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9700 Collins Avenue**

3. Mailing Address  
**85 Fifth Avenue,**  
Suite, Apt. #, etc.  
**6 Floor**

City & State  
**Bal Harbour, Florida**

City & State  
**New York, NY**

4. FEI Number  
**13- 4200201**

Applied For  
Not Applicable

Zip  
**33154**

Country  
**USA**

Zip  
**10003**

Country  
**USA**

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

**7. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

Name **CORPORATION SERVICE COMPANY**

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

**120 Hays Street**

City **Tallahassee**

**FL** Zip Code  
**32301**

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.

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

DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Enrico Di Muccio MGRM**  
**85 Fifth Avenue, 6 Fl**  
**New York, NY 10003**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Jean Robert Kuhn MGR**  
**85 Fifth Avenue, 6 Fl**  
**New York, NY 10003**

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

Date

Daytime Phone #

CR2E083B (12/01)