

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90022 022 ****50.00

DOCUMENT # L01000021403

1. Entity Name

KARLTON PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

951619

2. Principal Place of Business

1800 Sunset Harbour Dr.

Suite, Apt. #, etc.

Suite-2

City & State

Miami Beach, FL

Zip

Country

33139

3. Mailing Address

1800 Sunset Harbour Dr.

Suite, Apt. #, etc.

Suite-2

City & State

Miami Beach, FL

Zip

Country

33139

4. FEI Number

01-0666686

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Charles H. Rodner, P.A.

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

Leslie Robert Evans & Assoc, P.A.

214 Brazilian Ave, Suite-200

City

Palm Beach

FL

Zip Code

33480

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.

4- 2002

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	MGRM KARLTON CC INVESTORS, LLC 1800 SUNSET HARBOUR DR, SUITE 2 Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 #

(205)

532-

2400

CR2E083B (12/01)