

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

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90008 015 ****50.00

DOCUMENT # L01000021501

1. Entity Name

ARCH CREEK PROPERTIES, L.L.C.

945986

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2020 NE 163RD ST

3. Mailing Address

2020 NE 163RD ST

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

N. MIAMI BEACH

City & State

N. MIAMI BEACH

Zip

33162

Country

MIAMI DADE

Zip

33162

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0565721

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES M ROBBINS

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

2020 NE 163RD ST # 300

City

N. MIAMI BCH

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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.

JAMES M. ROBBINS

3-6-02

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MEMBER

JAMES M. ROBBINS TRUSTEE

2020 NE 163 RD ST # 300

N. M. BEACH, FL 33162

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MEMBER

GERALD DAGEN TRUSTEE

2020 NE 163 RD ST # 300

N. MIAMI BEACH FL 33162

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CITY-ST-ZIP

TITLE

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

JAMES M ROBBINS

Date

4/9/02

Daytime Phone #

305-935-6900

CR2E083B (12/01)