## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000021970 **DOCUMENT #** 

1. Entity Name

2480 TAMIAMI TR., LLC

## **FILED** May 13, 2002 8:00 am Secretary of State

05-13-2002 90032 036 \*\*\*\*50.00

|  | DO NOT WRIT   | E IN THIS :  | SPACE  | 28   | 3901  | 0 4                        |
|--|---|--|--|--|---|----------------------------|
| Principal Place of Business One Towne Square Suite, Apt. #, etc. Suite# 1913 |   | 3. Mailing Address One Towne Square Suite, Apt. #, etc. Suite# 1913  |  | <u>×</u>   |   |                            |
|  |   |  |  | DO NOT WRITE IN THIS SPACE   |   |                            |
|  |   |  |  |  |   |                            |
| Zip<br>48070   | Country U.S.A.  | Zip<br>48076   | Country U.S.A.   | 5. Certificate of Status Desire  | od □ \$   | 5.00 Additional            |
| enting to the second   |   |  | 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3                        | 7. Name and Address of Current Registered Agent  |   |                            |
| Section 2  |   |  | Name   | CT Corporation Sys   | tem   |                            |
|  | DO NOT V  | ender the second of the second | Street Address   | (P.O. Box Number is Not Accepta  | able)   |                            |
|  | IN THIS S   | PACE   |  | 1200 South Pine Isla   | and Road  |                            |
|  |   |  | City   | Plantation   | FL  | Zip Code 33324             |
| The above  | named entity submits this statemen                      | t for the purpose of changing  | ್ರಾಸ್ ಇನ್ ಕ್ರೀಪ್ರಾಸ್ತ್ :<br>n its registered office or registe |  |   | 33324                      |
| . The above  | named emity southlis and statemen                       | tion the purpose of changing   | g its registered diffee of registe                             | red agent, or bottl, in the clate of   | · ·   |                            |
| IGNATURE .   | NA<br>Signature, typed or printed name of registered ac | ent and title if applicable.   |  |  | DATE  |                            |
|  | -   | Make Check   | FEE IS \$50.00<br>Payable to Department of<br>DUE BY MAY 1     | of State   |   |                            |
| •  |   | BERS/MANAGERS  | POTO CONTRACTOR  | en i dia madia da  | - Brown Widow   | PORTE MANAGEMENT           |
| TLE .  | MGR<br>Seligman FLP, Inc.                               |  | TITLE?<br>NAME   |  |   |                            |
| REET ADDRESS   | One Towne Square, Suite# 1                              | 913  | STREET ADDRESS   |  |   | ALLES CARLES NOTES         |
| TY-ST-ZIP  | Southfield, MI 48076                                    |  | CITY-ST-ZIP  |  |   |                            |
| TLE<br>AME   | •   |  | TITLE<br>NAME  |  |   |                            |
| REET ADDRESS   |   |  | STREET ADDRESS   |  |   |                            |
| TY-ST-ZIP<br>TLE   |   |  | CITY-ST-ZIP  |  |   |                            |
| ME   | •   |  | NAME   |  |   | e garage Water             |
| REET ADDRESS   |   |  | STREET ADDRESS   | DO NOT   | T WOIT  | <b>E</b>                   |
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| rle<br>Me  |   |  | NAME   | · IN THIS  | SPAC  |                            |
| REET ADDRESS   |   |  | STREET ADDRESS   |  |   |                            |
| TY-ST-ZIP  |   |  | CITY ST-ZIP  |  |   |                            |
| ILE<br>ME  |   |  | TITLE<br>NAME  |  |   |                            |
| ME<br>REET ADDRESS   |   | •  | STREET ADDRESS   |  |   |                            |
| TY-ST-ZIP  |   |  | CITY-ST-ZIP  |  |   |                            |
| LE   |   |  | TITLE  |  |   |                            |
| ME<br>REET ADDRESS   |   |  | NAME<br>STREET ADDRESS   | rtous for the second of the se |   |                            |
| Y-ST-ZIP   |   |  | CITY ST ZIP  | e-ippid neolia a la la<br>La man   |   |                            |

SICALATURE, Scott J. Seligman, President of Seligman FLP, Inc.

4/26/02

248-862-8000

<sup>11.</sup> 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.