

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000000467

1. Entity Name

MSR CENTRAL, LLC



FILED

2003 FEB 12 PM 12:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE, SUITE 301
C/O BAYVIEW FINANCIAL TRADING GROUP, L.P.
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE, SUITE 301
C/O BAYVIEW FINANCIAL TRADING GROUP, L.P.
MIAMI FL 33133

2. Principal Place of Business

4425 Ponce de Leon Blvd
Suite, Apt. #, etc.
4th Floor

3. Mailing Address

4425 Ponce de Leon Blvd
Suite, Apt. #, etc.
4th Floor

City & State

Coral Gables FL

City & State

Coral Gables FL

4. FEI Number

03-0373012

Applied For

Not Applicable

Zip

33146

Country

Zip

33146

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOMSTEIN, BRIAN
2665 SOUTH BAYSHORE DRIVE
SUITE 301
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
BRIAN E. BOMSTEIN, ESQ
Street Address (P.O. Box Number is Not Acceptable)
4425 Ponce de Leon Blvd.
4th Floor
City
Coral Gables FL Zip Code
33146

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

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

BRIAN E. BOMSTEIN

(NOTE: Registered Agent signature required when reinstating)

2/6/03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

800012388258

02/12/03--01006--010 **55.00

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	☐ Change ☒ Addition
NAME	MGR
STREET ADDRESS	ERTEL, DAVID
CITY-ST-ZIP	4425 Ponce de Leon Blvd - 4th floor Coral Gables FL 33146
TITLE	☐ Change ☒ Addition
NAME	P
STREET ADDRESS	QUINT, DAVID
CITY-ST-ZIP	4425 Ponce de Leon Blvd - 4th Floor Coral Gables FL 33146
TITLE	☐ Change ☒ Addition
NAME	SVP
STREET ADDRESS	MISCHEL, LAURA L.
CITY-ST-ZIP	4425 Ponce de Leon Blvd Coral Gables FL 33146
TITLE	☐ Change ☒ Addition
NAME	SVPLS
STREET ADDRESS	BOMSTEIN, BRIAN E.
CITY-ST-ZIP	4425 Ponce de Leon Blvd - 4th floor Coral Gables FL 33146
TITLE	☐ Change ☒ Addition
NAME	SVPT
STREET ADDRESS	WEGNER, ROBERT A.
CITY-ST-ZIP	4425 Ponce de Leon Blvd - 4th floor Coral Gables FL 33146
TITLE	☐ Change ☒ Addition
NAME	SVPT
STREET ADDRESS	FISHER, JOHN H.
CITY-ST-ZIP	4425 Ponce de Leon Blvd - 4th Floor Coral Gables FL 33146 - CONT

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 #

BRIAN E. BOMSTEIN, Secretary 2/12/03 305-341-5611

CR2E083 (10/02)

2 of 2

MSR CENTRAL, LLC (Continuation)

10. ADDITIONS/CHANGES

TITLE	AS	☐ Change	☒ Addition
NAME	Carr, Thomas F.		
STREET ADDRESS	4425 Ponce de Leon Blvd. - 4 th Floor		
CITY-ST-ZIP	Coral Gables FL 33146		

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