2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State
04-30-2003 90185 040 ****50.00

44002124

DOCUMENT # L02000001204

1. Entity Name
WATERLOFTS LLC

Principal Place of Business	Mailing Address
STE. 2980, TWO S. BISCAYNE BLVD. MIAMI FL 33131	STE. 2980, TWO S. BISCAYNE BLVD. MIAMI FL 33131

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2999 NE 191st STREET	2999 NE 191st STREET
Suite, Apt. #, etc.: SUITE 803	Suite, Apt. #, etc.: SUITE 803
City & State: AVENTURA FL 33180	City & State: AVENTURA, FL
Zip: 33180 Country:	Zip: 33180 Country:

4. FEI Number 04-3608365 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACQUES CLAUDIO STIVELMAN
STE. 2980, TWO S. BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REALINVEST DEVELOPMENT CORP 2999 NE 191 STREET, SUITE 803 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: X [signature] REALINVEST DEV. CO 04.25.03 3059355050
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #