

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90056 041 \*\*\*\*50.00

DOCUMENT # L02000001597

1. Entity Name

AMERIVEST PROPERTY MANAGEMENT, L.L.C.



Principal Place of Business

1 SE 4TH AVENUE, SUITE 210  
DELRAY BEACH FL 33483

Mailing Address

1 SE 4TH AVENUE, SUITE 210  
DELRAY BEACH FL 33483

2. Principal Place of Business

5455 N. FEDERAL HWY  
SUITE I  
BOCA RATON, FL

3. Mailing Address

5455 N. FEDERAL HWY  
SUITE I  
BOCA RATON, FL



☒ CHECK HERE IF MAKING CHANGES

City & State  
BOCA RATON, FL

Zip Country  
33487 PALM BEACH

City & State  
BOCA RATON, FL

Zip Country  
33487 PALM BEACH

4. FEI Number

02-0533452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, FRANK L  
1 SE 4TH AVENUE, SUITE 210  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

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

5455 N. FEDERAL HWY, SUITE I

City

BOCA RATON

FL

Zip Code

33487

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

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

10. ADDITIONS/CHANGES

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MANAGER  |
| STREET ADDRESS | FRANK L. RUBIN   |
| CITY-ST-ZIP    | 5455 N. FEDERAL HWY, SUITE I   |
|                | BOCA RATON, FL 33487   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 FRANK L. RUBIN 2/19/03 561-988-9335

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

Date

Daytime Phone #

CR2E083 (10/02)