

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90110 036 ****50.00

DOCUMENT # L02000002243

1. Entity Name

NEW DAWN 107, LLC



Principal Place of Business

**3006 AVIATION AVE., STE. 2A
COCONUT GROVE, FL 33133**

Mailing Address

**3006 AVIATION AVE., STE. 2A
COCONUT GROVE FL 33133**

40 New Dawn Companies

2. Principal Place of Business

2601 S. Bayshore Drive

3. Mailing Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

Suite # 200

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

02-0546841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HABER, ROBERT M ESQ
FREEMAN, BUTTERMAN, HABER ET AL
520 BRICKELL AVE., STE. 0-305
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 September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME ☐ Delete
**MGR
KAPLAN, JACK
3006 AVIATION AVE., STE. 2A
COCONUT GROVE FL 33133**

TITLE NAME ☐ Delete
**MGR
AVILA, EDUARDO
3006 AVIATION AVE., STE. 2A
COCONUT GROVE FL 33133**

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

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

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

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

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition
**Kaplan, Jack
2601 S. Bayshore Drive, Suite 200
Coconut Grove, FL 33133**

TITLE NAME ☒ Change ☐ Addition
**MGR
AVILA, Eduardo
2601 S. Bayshore Drive, Suite 200
Coconut Grove, FL 33133**

TITLE NAME ☐ Change ☐ Addition
**STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition
**STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition
**STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition
**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

9/1/03

305-857-0400

Date

Daytime Phone #

CR2E083 (4/03)