

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90043 047 ****50.00

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1. Entity Name
MIAMI APARTMENT BUILDING INVESTORS, L.L.C.

Principal Place of Business

Mailing Address

**6466 S.W. 84TH ST.
MIAMI FL 33143**

**6466 S.W. 84TH ST.
MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

724 ALHAMBRA CIRCLE

724 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLA.

City & State

CORAL GABLES, FLA.

4. FEI Number

47-0849099

Applied For

Not Applicable

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, RICHARD A-ESQ.
100 S.E. 2ND ST., 17TH FLOOR
MIAMI FL 33131**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLY, WILLIAM HAYES 724 ALHAMBRACCIRCLE CORAL GABLES, FLA. 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

March 19, 2003 305-777-0300

CR2E083 (10/02)