

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92176 008 ****50.00

DOCUMENT # L02000006130

1. Entity Name

RBJ INVESTMENTS, LLC



Principal Place of Business

**230 PALM AVE.
MIAMI BEACH FL 33139**

Mailing Address

**1200 BRICKELL AVE. SUITE 900
MIAMI FL 33131**

2. Principal Place of Business

1110 BRICKELL AVE

3. Mailing Address

1110 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 504

Suite, Apt. #, etc.

SUITE 504

City & State

Miami, FL

City & State

Miami, FL

Zip

33131 USA

Zip

33131 USA

4. FEI Number

04-3617685

Applied For

Not Applicable

Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE.
SUITE 900
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Robert Thorne

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

1110 BRICKELL AVE, SUITE 504

City

Miami

FL

Zip Code

33131

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

4/28/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	THORNE, ROBERT F	
STREET ADDRESS	230 PALM AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

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

DATE

Daytime Phone #

4/28/03 (305) 424-0770

CR2E083 (10/02)