

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000007891

1. Entity Name

PRIME VALUE PROPERTIES, LLC



**FILED**

03 FEB 14 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19900 Highland Lakes Blvd. 19900 Highland Lakes Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

Zip

Country

33179

33179

4. FEI Number

02-0587637

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Stuart A. Lipson, Esq.

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

16900 N.E. 19th Avenue

City

N. Miami Beach

FL

Zip Code

33162

**DO NOT WRITE  
IN THIS SPACE**

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.

1/22/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM P/SEC  
NAME CHRIS MURRAY  
STREET ADDRESS 19900 Highland Laekes Blvd.  
CITY-ST-ZIP Miami, FL 33179

TITLE VP  
NAME MARK KEITH-MURRAY  
STREET ADDRESS 11111 Biscayne Blvd. #900  
CITY-ST-ZIP Miami, FL 33131

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

CR2E083B (12/02)