2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003
Secretary of State

DOCUMENT# L02000008599

Entity Name: HIBOU PROPERTIES V FLORIDA, LLC

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE, SUITE 1001
COCONUT GROVE, FL 33133

New Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 1001
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE, SUITE 1001
COCONUT GROVE, FL 33133

New Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 1001
COCONUT GROVE, FL 33133

FEI Number: 03-0446651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITIER, EBERTO A
2665 SOUTH BAYSHORE DRIVE, SUITE 1001
COCONUT GROVE, FL 33133

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: JUNCADELLA, AMADEO N
Address: 2665 SOUTH BAYSHORE DRIVE STE 1001
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Change (X) Addition
Name: VITIER, EBERTO A
Address: 2665 SOUTH BAYSHORE DRIVE STE 1001
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EBERTO A. VITIER MGR 03/18/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date