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Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91004 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30063023

DOCUMENT # L02000010011

1. Entity Name
ULTIMATE DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
2829 BIRD AVE., STE. 309 MIAMI, FL 33133	2829 BIRD AVE., STE. 309 MIAMI, FL 33133

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2800 Biscayne	2800 Biscayne Blvd
Suite, Apt. #, etc.: #300	Suite, Apt. #, etc.: #300
City & State: Miami FL	City & State: Miami FL
Zip: 33137 Country: US	Zip: 33137 Country: US

4. FEI Number: 01-0675074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLLNICK, NEIL S
2601 SOUTH BAYSHORE DR., STE. 1600
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name: Greggory S Covin
Street Address (P.O. Box Number is Not Acceptable): 2800 Biscayne Blvd
#300
City: Miami FL Zip Code: 33137

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Greggory S Covin 2800 Biscayne Blvd ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 #