

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90048 001 *****5.00
03-14-2003 90048 002 *****50.00

DOCUMENT # L02000010427

1. Entity Name

SCHOOL HOUSE ROAD PROPERTIES, LLC



Principal Place of Business

**100 S.E. SECOND ST., 17TH FLOOR
ATTN: JOHN C. STRICKROOT, ESQ.
MIAMI FL 33131**

Mailing Address

**100 S.E. SECOND ST., 17TH FLOOR
ATTN: JOHN C. STRICKROOT, ESQ.
MIAMI FL 33131**

2. Principal Place of Business

8817 Hammock Lake Drive

3. Mailing Address

8817 Hammock Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
33156

Country

Zip
33156

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRICKROOT, JOHN C 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

7. Name and Address of New Registered Agent

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

Feb 27, 2003

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CISNEROS DE RIZZON, MARISA B.
8817 HammockLake Drive
Coral Gables, FL 33156**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Marisa B. Cisneros de Rizzon, Managing Member **3/10/03** **(305) 7266462**

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

Date

Daytime Phone #

CR2E083 (10/02)