

FILED
May 12, 2003 8:00 am
Secretary of State

02-24-2003 90055 043 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

2/2
2/2

DOCUMENT # L02000010806

1. Entity Name

SREBNICK MANAGEMENT THREE, LLC



Principal Place of Business

1110 BRICKELL AVENUE 7TH FL
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVENUE 7TH FL
MIAMI FL 33131

44001469



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number Not
Applicable

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOM, KENNETH M
1110 BRICKELL AVENUE 7TH FL
MIAMI FL 33131

Name

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

City

FL

Zip Code

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 registering)

DATE

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

MGR
SREBNICK WEBER, ELIZA
3005 JACKSON STREET
SAN FRANCISCO CA 94115

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

2/17/05

405 474-2655

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

Date

Daytime Phone

CR2003 (10/02)

**BLOOM &
MINSKER, P.L.**
ATTORNEYS AT LAW

1110 BRICKELL AVENUE
SEVENTH FLOOR
MIAMI, FLORIDA 33131-3107
TELEPHONE: (305) 371-6800
FACSIMILE: SEE SPECIFIC ATTORNEY
E-MAIL: info@miamilaw.net

Attachment
44001469

JOEL N. MINSKER, P.A.
DIRECT FACSIMILE: (305) 908-3445
E-MAIL: jminsker@miamilaw.net

KENNETH M. BLOOM
BOARD CERTIFIED IN TAXATION
DIRECT FACSIMILE: (305) 908-3450
E-MAIL: kbloom@miamilaw.net

May 8, 2003

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Attention: Annual Reports Section

Re: Srebnick Management Three, LLC
2003 Uniform Business Report
Document No. L02000010806
Our File No. 95243.01

Dear Sir/Madam:

Per instructions I received this morning from your office, I have whited out Block #4 on the 2003 UBR form and written "Not Applicable".

Thank you for processing this matter as soon as possible.

Sincerely yours,



KENNETH M. BLOOM

KMB/do
Enclosure

cc: Scott Srebnick
Attn: Carol