

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

0014658

DOCUMENT # **L02000013514**

1. Entity Name

DTR OF FLORIDA ASSOCIATES, L.L.C.



07-28-2003 90065 005 ****50.00
03-20-2003 90040 021 ****50.00

Principal Place of Business Mailing Address
4300 NORTH UNIVERSITY DRIVE, SUITE ~~B-104~~ F-200 LAUDERHILL FL 33351 **4300 NORTH UNIVERSITY DRIVE, SUITE B-104-F-200 LAUDERHILL FL 33351**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3677607		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERTS, NORMAN T
50 WEST MASHTA DRIVE, SUITE 4
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORROW, ILANA	
STREET ADDRESS	4300 NORTH UNIVERSITY DRIVE, SUITE B-104 F-200	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARTINEZ, RODRIGO	
STREET ADDRESS	4300 NORTH UNIVERSITY DRIVE, SUITE B-104 F-200	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ANDRIOLA, TIMOTHY	
STREET ADDRESS	4300 NORTH UNIVERSITY DRIVE, SUITE B-104 F-200	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ilana Morrow* *Ilana Morrow* *MANAGING MEMBER* *7/19/03* *9547482975*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)