

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90685 013 ****50.00

DOCUMENT # L02000013703

1. Entity Name

EJN INVESTORS, LLC



Principal Place of Business

**200 SOUTH BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131**

Mailing Address

**200 SOUTH BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131**

2. Principal Place of Business

c/o 701 Brickell Ave

3. Mailing Address

c/o 701 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2525

Suite 2525

City & State

City & State

Miami FL

Miami FL

Zip

Zip

33131

Country

Country

USA

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

09-0618256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRIEDBAUER, ROGER
200 SOUTH BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

c/o 701 Brickell Ave

Suite 2525

City

Miami

FL

Zip Code

33131

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FRIEDBAUER, BARBARA	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FRIEDBAUER, ELISE	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FRIEDBAUER, JOHN	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	WARREN, NANCY	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BRAMER, MARLENE	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedbauer, Barbara	
STREET ADDRESS	701 Brickell Ave, Suite 2525	
CITY-ST-ZIP	Miami FL 33131	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedbauer, Elise	
STREET ADDRESS	701 Brickell Ave, Suite 2525	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedbauer, John	
STREET ADDRESS	701 Brickell Ave, Suite 2525	
CITY-ST-ZIP	Miami, FL	
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		
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:

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

3/21/03

(305) 5367120

Date

Daytime Phone #

CR2E083 (10/02)