L02000014152

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 18 PM 3:30

4/28/20

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014152

1. Entity Name
MIAMI BEACH APARTMENTS, L.L.C.

Principal Place of Business	Mailing Address
2111 LUCERNE AVENUE MIAMI BEACH, FL 33140	2111 LUCERNE AVENUE MIAMI BEACH, FL 33140

2. Principal Place of Business	3. Mailing Address
2111 Lucerne Ave.	2111 Lucerne Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach	City & State: Fl.
Zip: 33140 Country: Dade	Zip: 33140 Country: Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 06-1647787 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRYN, MARK J ESQ.
C/O BRYN & ASSOCIATES, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 2680
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Pedro Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 2111 Lucerne Ave.
City: Miami Beach FL Zip Code: 33140

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] 4/28/03
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	Manager Member Barbara Gonzalez 2111 Lucerne Aveneu Miami Beach, Florida 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000017797500 05/01/03--01009--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner Pedro Gonzalez 2111 Lucerne Ave. ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] 4/28/03 305-796-4279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

Pedro Gonzalez, authorized agent