

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

1/1

01-16-2003 90229 006 ****50.00

DOCUMENT # L02000015159

1. Entity Name

FRENCH VILLAGE PARTNERS OF SOUTH FLORIDA L.L.C.



Principal Place of Business

7599 N.W. 7TH ST.
MIAMI FL 33126

Mailing Address

7599 N.W. 7TH ST.
MIAMI FL 33126

2. Principal Place of Business

815 NW 57 Ave

Suite Apt. #, etc.
405

3. Mailing Address

815 NW 57 Ave

Suite Apt. #, etc.
405

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

04-3697693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPINOSA, PATRICIA O ESQ.
7599 N.W. 7TH ST.
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: PATRICIA O. ESPINOSA ESQ.
Street Address (P.O. Box Number is Not Acceptable)
815 NW 57 Ave Suite 405
City: MIAMI FL Zip Code: 33126

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE: THE BEC GROUP President
NAME: [Blank]
STREET ADDRESS: 815 NW 57 Ave Suite 405
CITY-ST-ZIP: MIAMI, FLORIDA 33126

TITLE: Metro Partners Vice Pres
NAME: [Blank]
STREET ADDRESS: 3735 SW 8th Street
CITY-ST-ZIP: Suite 405 Miami FL 33126

TITLE: [Blank] ☐ Delete

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] ☐ Delete

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] ☐ Delete

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] ☐ Delete

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

10. ADDITIONS/CHANGES

TITLE: [Blank] ☐ Change ☐ Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] ☐ Change ☐ Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] ☐ Change ☐ Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] ☐ Change ☐ Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] ☐ Change ☐ Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] ☐ Change ☐ Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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]

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

Date

Daytime Phone #

CR2E083 (10/02)