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

Mailing Address

1441 BARACOA AVE.

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

CORAL GABLES FL 33146

DOCUMENT # L02000016045

Country

MIDELTHON, WM. R. JR.

1441 BARACOA AVE. **CORAL GABLES FL 33146**

1. Entity Name

1441 BARACOA AVE.

CORAL GABLES FL 33146

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business

2. Principal Place of Business

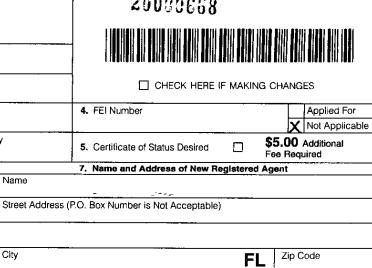
9701 WAYNE AVENUE, L.L.C.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90121 012 ****50.00

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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.

Country

Name

City

SIGNATURE

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

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

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

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9.	MANAGING MEMBER	/MANAGERS	10.	ADDITIONS/CHANGES
NAME STREET ADDRESS CITY-ST-ZIP	WM. R. MIDDELTHON, J 1441 BARACOA AVENUS CORAL GABLES, FL 331	Ē	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 ADDRÉSS CITY-ST-ZIP	general representation of the second of the	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WM. R. MIDDELTHO	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addrition

11. I herety 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 sagar of the e under oath; that I am a managing member or manager of the 608, Florida Statutes.

SIGNATURE