

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90018 012 ****50.00

0013135

DOCUMENT # L02000016264

1. Entity Name

UC NORTH DEVELOPMENT, LLC



Principal Place of Business

Mailing Address

701 BRICKELL AVENUE
MIAMI FL 33131

701 BRICKELL AVENUE
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0727235

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, ARTHUR
701 BRICKELL AVENUE STE. 3150
MIAMI FL 33131

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State **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

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Manager	
STREET ADDRESS		Use Colombo Ave Suite 3150	
CITY-ST-ZIP		701 Brickell Ave Suite 3150	
		Miami, Florida 33131	
TITLE	<input type="checkbox"/> Delete	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Arthur J. Murphy	
STREET ADDRESS		701 Brickell Ave Suite 3150	
CITY-ST-ZIP		Miami, Florida 33131	
TITLE	<input type="checkbox"/> Delete	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Esther F. Ridenhour	
STREET ADDRESS		701 Brickell Avenue, Suite 3150	
CITY-ST-ZIP		Miami, Florida 33131	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<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)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/03 305-3720550
Date Daytime Phone #

CR2E083 (10/02)